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NEW SERIES.

THE

WESTERN

HOMŒOPATHIC OBSERVER;

A MONTHLY JOURNAL OF

Homœopathic Medicine and Surgery,

Conducted by

WM. TOD HELMUTH, M. D.,

Assisted

In the Departmaut of SURGERY, by L. D. WILLARD, M D., Alleghany City, Pa.
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THE

Western Homœopathic Observer.

JANUARY, 1869.

Original Articles.

MEDICINE.

THE ALLOPATHIC METHODS OF CURE.

BY A CONVERT TO THE HOMŒOPATHIC SYSTEM OF MEDICINE.

The domain of science is boundless, and although divided and subdivided into different departments, some more and others less distinct, yet a relationship exits between them all, and could the finite comprehension of man detect all the links which unite, the machinery which works, and the power which, by the fiat or the Almighty actuates and controls; magnificent laws would be manifested which like the law of gravitation would demand our admiratian for potency and simplicity.

The science and art of medicine has probably more numerous connexions than any other branch of science, and to this may be attributed a great portion of that regard and respect which for centuries it has received from mankind.

Fable supposed it the immediate gift of the Gods, and barbarous and semi-civilized nations have associated with it more

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than human qualifications. Among the Greeks, Prometheus and Esculapius were its supposed inventors. The Heroes of antiquity were not only warriors, but physicians. Hercules possessed much medical knowledge and plants received his name. Homer mentions the skill of other of his heroes, but Palamedes stands foremost, having stayed the progress of the plague and prevented its entrance into the Grecian camp—and although many of the remedies the ancients prescribed are not used in the present age, yet they certainly were less numerous and probably quite as beneficial, "scraped cheese mixed with wine, for instance."

From the time of Hippocrates many physicians have occupied prominent stations, have been greatly admired by their professional and unprofessional brethren and have been the founders and leaders of doctrines and sects.

The discovery, however, of the circulation of the blood in the XVII century, by William Harvey, destroyed all previous hypotheses, and that important fact afforded a basis upon which to found new systems—which in turn were applauded and condemned, lived and died.

The mind of man not being satisfied with a bare observance of morbid phenomena, and their empirical and speculative treatment, naturally endeavored to ascertain the essential nature of disease by a knowledge of which more certain means might be ascertained for its removal. "Tolle causam" has been the constant endeavor of physicians, but the real cause not being ascertained, its nature was conjectured—and from the numerons conjectures in relation to it, a multitude of hypotheses have been framed—and from anatomy, physiology, semeiotics and pathology, conceptions have been formed which were supposed to explain the essence of disease or disease itself. Systems thus constructed could not stand the test of experiment, the only true touch-stone of truth; and therefore the hypotheses of fever, inflammation, spasm, debility, plethora, as well as those of a purely chemical and mechanical nature; as also those of Brown, Brousais and others, proved to be mere ideal conceptions.

The fundamental error in all these efforts is to be found in

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the belief that the *essential* nature of disease could be ascertained and that by *a priori* reasoning.

In the indulgence of this chimera, men were diverted from the *actual* object of treatment.

It is related of Mesmer that when asked what baths were most healthy, he replied. "Formerly it made no difference whether a bath was taken in a room or in the open air, but ever since *I have magnetized the sun* it is better to bathe in water that the sun is shining upon. Another learned man celebrated for his medical writings magnetized some years previous, the university buildings of Heidelberg, in order to inspire the students with a higher enthusiasm for science. The Chevalier Zimmerman saw in all diseases visceral obstructions, and prescribed Dandelion to all his patients, hence he was surnamed "the Knight of the Dandelion." Another physician detects in all disease some affection of the nervous centers, another attributes every affection to inflammation of the stomach, and another to inflammation of the brain.

It is not my purpose in the present paper to dwell upon the different hypotheses of disease which from time to time have appeared, many of which conflicted with each other, and many of which had long and brilliant carreers. But I will briefly notice the objects which those who practice Allopathy at the present time, appear to have in view and the means of their accomplishment.

The term Allopathia or Allopathy embraces different means and ends—and as far as I am able, I will endeavor to briefly point out its inability to effect by the means, the ends proposed.

It includes the *Enantiopathic* or *Antipathic* method whose object is to produce a condition opposite to the condition it is intended to remove. To accomplish the end proposed, the mode of procedure generally is, to prescribe for the most prominent symptom. To check diarrhea an astringent is administered; a purgative is given for constipation; for coldness, of the body external warmth; for debility, tonics and stimulants; in a word, *contraria contrariis.*" It may here merely be remarked, that the few direct contraries which have been mentioned include nearly the whole number.

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A very striking objection to this mode of practice is that only a SINGLE prominent symptom being regarded, the concomitant morbid condition is generally *overlooked*, and therefore in chronic cases partial or temporary relief only is afforded. For example in chronic cough, opium in some form or other is the principal remedy, and although for a short time relief may be obtained, it is at the expense of increased cough, ultimately; and where the cough is associated with increased morbid secretion of the increase of the latter. It must, however, here be remembered that it would often in certain incurable disorders, especially in the last stages of Phthisis and in Cancer be reprehensible, not to allay pain by a palliative; our remarks are restricted entirely to curable maladies. What physician does not know that the frequent use of opium keeps up a chronic diarrhœa, its primary restraining action being followed by increased intestinal secretion? Or who is ignorant of the fact that the persistent use of laxatives increases constipation. Warm bathing for rigors or defective vital heat is followed by the greater frequency of the former, and a diminished supply of the latter. Electricity and galvanism excite parts that are weak, and such as are approaching a paralytic condition—an excitement to be followed in its secondary effects by complete paralysis. Other examples readily present themselves, all of which contribute to prove that this kind of treatment fails in producing the end proposed. And it were easy to show that in very many instances it aggravates or produces other morbid conditions of an alarming character.

Another Allopathic method is the *derivative* or *revulsive* which occupies a distinguished rank—it embraces means which are deemed of paramount importance—these are escharotics, epispastics, vesicants, suppurants, and actual and potential cauteries. This application of means, rests upon the idea that some diseases disappear upon the appearance of others, and is therefore a following out of the dictates of nature. Now, although these transfers when made by nature are, it is true, often made from important to unimportant parts, the reverse is equally true; the transpositions taking place from unimportant parts to very important organs and presenting disease in some of its most for-

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midable aspects, and it therefore, becomes a question whether these transfers are not made by the law of vitality without any attempt at cure. Beside the utter failure of this kind of practice, if a cronic disease is the object of cure, or any dyscrasia exists in the body, the bad effects which it occasions are of a very serious character. Blisters produce dysuria—the application of caustics is extremely painful—the sufferings from moxas are horrible—powerful purgatives have ruined the intestinal canal. Tartarized Antimony externally applied is cruelly painful, and frequently leaves terrible scars; and in addition to the trouble, pain and atrophy belonging to the use of setons and issues, their offensiveness is often revolting. With what reason does the victim of disease shrink with terror from a resort to such measures, and how often in the same individual is each in succession had recourse to, as the previous one fails in affording relief, till disease and its fancied remedies sink together in the grave. As a derivative, also venesection is often employed, and this upon the ground that hemorrhage from an affected part has resulted in a restoration of health? How frequently it fails, the melancholy testimony of myriads can establish.

Another Allopathic means of curing disease is the removal of morbid material causes, whether solid or fluid, such causes being considered either exciting or reactive—hence, the purging away of worms—of getting rid of the contents of the stomach and intestines—the application of astringents locally, as in ophthalmias—the healing of old ulcers by topical applications—the removal of morbid growths by ligature, &c. How often also do such means prove insufficient and diseased action become manifest in other parts of the body? I have known recently a violent irritation of the brain succeed the disappearance of an ophthalmia, from the application of a very scientific collyrium.

In many instances the developement of serious or fatal disease can be traced to the drying up by local application of ulcers, or eruptions of the skin.

These methods styled "rational" (the term really seems ironical,) are those most approved by Allopathy.

I am fully acquainted with the reasons, and what is still more weighty, with the facts, which are adduced to refute the objec-

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tions which I have set forth. But it can be easily shown that when cures take place during such treatment the correct explanation is not to be found in the hypotheses upon which the means are applied, and are therefore not corroborative of the truth of the principles assured. They are constructed upon an ideal basis, the preconceived opinion being entertained that the essential nature of disease is something palpably material.

The true rationale will be found in the law upon which Homœopathy is founded. For example: a patient afflicted with diarrhœa may be relieved by ten or twenty grains of Rhubarb. The Rhubarb, allopathically is prescribed upon some vague and indefinite ideas of its being a tonic purgative, as strengthening the bowels after it has first put them into a debilitated condition; it is also advised upon some empirical knowledge. Its power to relieve must have depended upon its Homœopathicity to the case, and a dose of one of the Homœopathic preparations of Rhubarb would probably have effected the cure more promptly, safely and agreeably, without the superadded affliction of tormina and purging which mass doses occasion, and to which latter especially the Allopathic physician attributes the cure. Or take a case of hepatic disease for which some preparation of mercury would be the appropriate remedy. Empirism has taught Allopathy that mercury has a *specific* action upon the liver, (the term *specific* has ever been reluctantly used by Allopathy, as it always clashes with its hypotheses.) Still the case is cured; but alas! how often is the cure worse than the malady, what a disgusting affliction is salivation, or even "touching the gums," as it is called, with mercury; for hapily for mankind the greater barbarism of salivation is repudiated by judicious Allopaths, yet how often does it happen unintentionly, the occasion of which calamity affords the most unequivocal evidence of Allopathy's imperfect knowledge of the properties of this medicine; and should it not display its deleterious action upon the salivary glands in the doses which are daily given by the learned and unlearned, it often leaves a train of morbid symptoms which produce present discomfort and future disease. Among its sequels are great liabilities to cold, rheumatic pains, neuralgia, bone pains, trembling of the limbs, cutaneous eruptions, vertigo,

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and an host of other serious ailments. To the apprehension of those by whose advice the drug was taken the real cause of all this ill-health and suffering never occurs; but is attributed to occasional causes, such as exposure to cold, or damp, or errors in diet, or debility—all of which, however, have only served to stir up the morbid mercurial predisposition, and this amount of ill-health and broken constitution could have been saved by the administration of a few doses of the proper attenuation of the drug.

The profound intellect of Samuel Hahnemann perceived the difficulty which had always existed, and he taught that nothing certain can be known of disease, but its perceptible phenomena. And with this he has associated his great doctrine of similia similibus curantur.

How much more beautiful, how much more precise, how much more certain is a law of cure based upon a single principle, than the many and varied so-called "systems" which belong to Allopathy. Yet, the Homœopathist must bear in mind that while he has the great advantage of unity, yet there are other more important items for his consideration. First among these is the question of dose, the quantity of medicine to be employed. We do not believe it possible to lay down law for the *size of the dose* to be given in every case. As there are different temperaments, as there are different appetites, as there are different degrees of severity of disease, so I apprehend must the quantity of medicine vary. But after all, when we contrast the poly-systems of Allopathy and the unity of Homœopathy, we must acknowledge the superiority of the latter by a hundred fold.

REMARKABLE ACTION OF MERCURY, WITH A HINT ON THE ACTION OF COFFEE.

BY M. FUNK, M. D., OF NEW ORLEANS, LA.

During my former residence in Galveston, I was, on one occasion, informed by several of my patients that there was a little girl (not quite two years old) who was afflicted with a syphilis-like looking sore, which had made its appearance on

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her genital organs. The parents had applied successively to several Allopathic physicians, but had been informed that they were unable to relieve her. My advice was then asked, but I informed the enquirers that it would be impossible to give a correct opinion until I had seen the child. The parents at that time not believing in Homœopathy, refused its aid, until finally, when the sufferings of the poor girl became unbearable, I was called to the case. I found that she had ceased walking for several months, and cried and moaned fearfully for hours together: she was constantly in her mother's lap; sleep was banished from her eyelids, and, upon the whole, she was in a truly pitiable condition. When examining her diaper, it was found full of fresh red blood. The nymphae, both outer and inner, were covered with extensive ulcers, large portions of them having apparently sloughed away. Blood and pus were constantly issuing from these dreadful sores, causing, necessarily, great emaciation and paleness. Micturition, which was frequent, caused intense suffering. Both parents assured me that they had never been afflicted with syphilis in any form, and were, therefore, utterly unable to explain the cause of their child's condition.

To the question, "whether I could cure the child?" I answered, "that I had never before met with such a case, and, therefore, could not make a *certain promise*, but that I however *had the best hopes*, since the Homœopathic law of nature was *similia similibus*, and the *materia medica* afforded remedies for similar cases, whice rarely disappointed the faithful physician." I explained to the parents *how successful* Homœopathy had been in the cure of cholera and other diseases, and then they concluded to submit the child to treatment. I prescribed *mercur solubilis*,[30].*, 5 pellets in ½ tumblerful of water, every two hours;

*N. B.—I always use the *centesimal* scale, the only one of which Hahnemann approves and mentious; constantly remembering his strict and positive rule: "Imitate it, but imitate it EXACTLY!" I am firmly convinced, that the frequent deviation from the strict rules of our Great Master is the principal cause of much unsuccessful Homœopathic treatment,—of the "abandoning the practice of attempting to *cure* diseases Homœopathically,"—and resorting to "hypodermic injections," aad other Allopathic bungling, and consequently of the often well deserved sneers of Allopathists, under which, unfortunately, not only the *homoeo—Allopathic blunderer*, but the *whole profession of Homœoputhy* are included, and thus we are misrepresented and injured!

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one tea-spoonful for the first day, and afterwards twice a day. I strictly forbade coffee, spices and acids, but the parents told me that the child could scarcely do without coffee, since it was the only food for which it had appetite. I had the greatest trouble to gain their promise to withhold the coffee from the child, and indeed not before I utterly and decidedly refused treatment and medicine. I ordered milk instead of coffee, and told them that in a week I would visit the patient again, since nothing could be done besides giving the medicine regularly, and allowing it time to act. But accidentally it happened that on the fifth day I was called to visit another patient in the neighborhood, and therefore I called in, to see whether any action of the medicine would be already perceptible. To my utter astonishment I found the child perfectly cured; playing and walking about the house, with hardly a trace of the dreadful ulcers discoverable. This was the speediest cure of such a disease that I had ever seen, and I hesitate not to say that I would scarcely believe it, if another had reported the case to me. I must, therefore, be prepared to meet with doubts from the respected reader, and can do nothing else to disperse them than to assure him of the truth of the statement on my honor and honesty, and to give the name of the parents:

But I am not yet quite finished with the case: I told the parents that they should continue the prescribed strict diet for several weeks longer, in order that no relapse might occur. But they answered to me, that they had not been able to withhold the coffee from the child any longer, so incessantly had it been longing and crying for it! "Well," said I, "then you cannot blame anybody but yourselves if the disease should return with the same severity." They laughed, "and did not see how the innocent coffee could effect this." Somewhat offended I left. Two days afterwards the father called at my office, reporting that the child was worse than ever! I prescribed *nux vam*,[30], as an antidote to the coffee—it was given three days without the least effect. I prescribed nitre acid,[30]—not the least effect in three days more. Then I prescribed *mercur præcip ruber*,[3]. Within 5 days the cure was perfect,—the coffee was abandoned for ever, and milk given instead of it,—and the disease never returned.

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This remarkable case gives me occasion to remind my honored colleagues of the fact, that the question of diet, at the present day, is, by most practitioners too much neglected. It has not unfrequently happened to me that I have cured patients who have been unsuccessfully treated by other Homœopaths, and who stated to me that their former physicians had *not forbidden*, or in some cases had even *expressly allowed* coffee. In some cases where I had either forgotten to forbid the coffee, or had erroneously expected that the patients *were acquainted* with the particulars of Homœopathic diet, I found in *many* (but, however, *not in all*) instances, that a well commenced action of medicine was interrupted by the use of coffee!

May this well-intended hint not be overlooked by certain of our practitioners! I honestly believe that this particular avoidance of coffee will redound to the good of their patients. I take no credit to myself for the suggestion, for it belongs to our immortal master, Hahnemann.

Surgery.

SURGICAL CLINIC AT THE GOOD SAMARITAN HOSPITAL.

BY WM. TOD HELMUTH, M. D.

NUMBER IV.

*Amputation of the Leg.**

GENTLEMEN:—I wish you to examine this leg-stump which I now hold up for your inspection. You will perceive that this young man is quite strong and hearty, has recovered from the operations which have been performed upon him, and is about to leave the house. Before his departure I desire to teach you the lesson which this case, in connection with others, has taught

*This is one of a series of Clinics delivered at the Good Samaritan Hospital during the winter of '67-8. The others of the course have already appeared in the Observer.

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me, which is this: That there is no more insidious and difficult diseases to treat in the range of Surgery, than those affecting the ankle joint. Caries of the tarsal and meta-tarsal bones may begin in the most simple manner. I well recollect seeing a case in consultation with one of my professional friends some years since, the first appearances of which resembled to such a degree a simple furuncle, that for a time neither the family or the physicians gave heed to what afterwards turned out to be a serious disease of the joint, rendering the boy a cripple for years, and was only cured after severe surgical interference. This patient has had amputation performed upon him twice. The first operation was Chopart's, and was performed by myself, in this hospital, in the presence of several physicians, and it was the impression of all of us that the diseased portions of the foot had been removed. I believe they had, for there was neither roughness or softening to be felt at the extremity of the *calcis* or the *Astragulus*, and the wound healed so remarkably fast that the man was in fine spirits, and I believed him to be cured. I was mistaken. Evidences of diseased bone again made their appearance, and the leg was amputated by Dr. Comstock, at its inferior third. In this instance the hemorrhage was arrested by acupressure, the first time it had been used in this hospital. From this, and other cases which I cannot detail to you now, I am at a loss whether to recommend you to attempt Chopart's operation, or to remove the foot when the *tarsal* bones are seriously implicated. The case which I shall presently introduce to you, and upon which I intend to operate this morning, is but another proof of my remarks on the difficulty of diagnosing and treating this class of diseases. Let me, however, first say a word in regard to Chopart's operation.

Examine these articulated bones of the foot, you will perceive that the middle articulation of the tarsus is marked by the scaphoid and cuboid bones anteriorly, and by the astragulus and calcis behind. By inserting a pin in each side of the articulation, and drawing a line through this portion of the joint you will find that the course of this line resembles the italic letter ꝙ, of which the anterior convexity is internal, and the posterior convexity external. We may lay it down as a general rule

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that the internal extremity of the articulation, is about one inch in front of the internal malleolus, and about two lines and a half behind the tuberosity of the scaphoid, while the external extremity is half an inch *behind the projection* formed by the head of the fifth metatarsal bone. It corresponds with a well marked prominence on the external surface of the cuboid, which may be said to be about an inch in front of the external malleolus. The difficulty in performing Chopart's operation consists in the different lines which the articulation forms on the plantar and dorsal surfaces of the foot, and the great point to be borne in mind, is to divide thoroughly the fibrous bands connecting the scaphoid and the astragulus before attempting to enter the joint.

With these few remarks I shall now introduce the patient for your notice. You will perceive his emaciated condition, and yet recognize his nervous energy as remarked in the brilliancy of his eye. This man, originally a boot-maker by trade, entered the army early in the war, and while keeping guard near a railway station was shot through the foot: He fell, was carried to the hospital, where his wound was dressed. Suppuration followed at the site of the injury, and portions of bone came away with the discharge. After some weeks of suffering, the discharge lessened, and he was enabled to get about, walking with a stick. In a day or two after, symptoms of violent inflammation were manifested, and a swelling of magnitude appeared upon the inside of the foot, this was opened freely with a bistoury and the matter allowed to escape, Portions of bone were also cast off with the *debris*, and again he was enabled to leave the hospital. Once more the symptoms of inflammation appeared, and the same process was gone through with, and this condition of things has continued ever since, until finally despairing of a cure he returned to his home. There he was attended by a quack Doctor, who promised him a speedy alleviation of his pains, but who, of course, after a series of poultices, cataplasms, and teas, failed to be as good as his word.

This poor fellow then entered our hospital, and I have endeavored, but without result, to produce any beneficial effect with nal or external medication. I believe there must be exten-

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sive and deep-seated disease in the heel-bone, and, if you will notice, there appears to be crepitation when I make lateral motion in the calcis. How far or how deep the disease may extend I cannot say, but from my experience in the diseases of this portion of the body, and, as I have already mentioned in the beginning of the lecture, the difficulty in healing such sores I propose to day to amputate the leg at its lower third.

[The balance of the hour was spent in the performance of the operation, which was "the circular," and nothing remarkable was noticed, save the brittleness of the arterial coats. The parieties of the posterior tibial artery were cut through by three separate ligatures, necessarily causing the patient to lose a considerable amount of blood, and leaving him much prostrated. Relays of students were kept at his bed-side for several days and nights, and the man made a good recovery, and left the house. Since then he has not been heard of. An examination of the foot afterward exhibited very extensive and peculiar disease. There was a round hole passing diagonally through the os-calcis, and dividing it into two distint portions. The posterior portion being in a state of partial necrosis. But the most peculiar transformation that had occurred was the adherence from long continued disease of the flexor longus digitorum to the side of the calcis beneath the inner malleolus, thus preventing the action of that muscle, and causing that constant flexion and rigidity of the toes, for which I was unable to account.]

SNARE FOR REMOVING FOREIGN BODIES FROM THE URETHRA.

BY JOHN T. HODGEN, M.D.,
Prof. of Anatomy, etc., etc., St. Louis Medical College.

[From the St. Louis Medical and Surgical Journal.]

About a year ago I was called to see a child suffering from retention of urine. The messenger informed me that the physician in attendance was not provided with a catheter, and requested that I should bring a small instrument.

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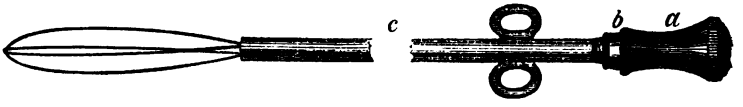
On reaching the house (late at night) I attempted to introduce the catheter, which, after passing about two inches, came in contact with a calculus impacted in the urethra.

On leaving my home I had not suspected the nature of the difficulty, and was consequently not provided with the usual instruments for removing such obstructions.

It occurred to me that by bending the wire found in my silver catheter (used to clear the instrument,) I could form a loop that would readily pass the stone and encircle it, and that the stone might be withdrawn as corks are removed from bottles. I immediately put the thought into execution; passed the stone, looped it, and drew it out.

Six months ago I was called to a similar case, in which the usual instruments—Hunter's forceps, scoops, etc., had failed. I at once resorted to the wire loop, and delivered the stone at the first attempt.

I then directed the instrument maker to make the instrument represented in the wood-cut:



The shaft (*a*) passes two or three inches into the canula (*c*), and has the ends of the looped wire fixed to it, so that by operating on the projecting portion at (*a*), the loops of wire may be made large or small at will.

The canula (*c*) is of silver, and the size of a small catheter eight inches long, having the end most distant from the handle perforated by four small openings, through which the two wires project, having two loops an inch and a half or two inches long, and right angles to each other.

The wires are of untempered steel, No. 28 English standard; they should be bent sharply, and one a little shorter than the other, and the loop in the shorter wire should be narrower than that in the longer, so that when the two loops are pressed between two plane parallel surfaces, the two loops are in the same plane, the smaller and shorter within the larger and longer.

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How Used.—Draw the shaft (*a*) out until the loops are quite short; pass into the urethra until the loops come in contact with the foreign body; then push the shaft forward in the canula until the loops project half or three-quarters of an inch; cause the ends of the loops to project a little to one side of the foreign body, and move the instrument onward until the points of the loops are fairly beside the obstruction; then protrude the loops (by pushing the shaft farther in) until the obstruction is passed; move the instrument gently backward and forward few times, and the elasticity of the wires will enable them to assume a position at right angles to each other, and the foreign body must be within the loops; now withdraw the shaft until the wires are made to grasp the foreign body; on making traction on the shaft, the body will be drawn out.

Advantages.—Hunter's forceps often fail because they are apt to slip, or the stone may crumble, and there is danger of seizing the mucous membrane and tearing it. The scoop, from its thickness, is difficult to pass beside a stone without tearing the urethra must afford the resistance necessary to the action of the instrument on the other.

The snare, from the elasticity of the wire loops and their thinness, is easily passed; must embrace the stone; cannot slip or seize the mucous membrane, and furnishes four guards to prevent the rough calculus from tearing the urethra.

Reviews.

A Rational Treatise on the Trunkal Muscles, &c., &c. With the Rationale of their Cure by mechanical support. By E. P. Banning, M.D. pp. 352. New York: W. A. Townsend & Adams, 1868.

This is rather a remarkable book, and to those who have not perused the essays of Dr. Banning in the medical periodicals of the day, is quite refreshing from its novelty, and especially for its common sense.

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But more than this, the author, throughout the entire volume has taken a philosophical view of the subject, which he understands thoroughly, having for a number of years, made mechanical pathology and therapeutics a constant subject of thought and study. He believes "that the viscera are as much under the law of a primary and specific position and bearing as the bones, and that functional disturbances requiring physical aid, may follow a violation of that law in one case as well as in the other." He first demonstrates the philosophy of the erect posture, which appears to us as the most correct appreciation of the subject we have yet seen, and which we will endeavor to make plain to the reader without the aid of the diagrams which are profusely scattered throughout the work. The philosophy of the erect posture, he says, "we find to consist chiefly in a transverse and antero-posterior equipoising of the superior trunk over and upon the body's centre of gravity; and, by the aid of a mechanical law, this centre is demonstrated to be located in two lumbar vertebræ." If we draw a line vertically through the spinal column, and carry it down equi-distant between the legs to the feet, and then draw two other lines, extending from each of the trochanters of the femur diagonally across the body to the heads of the humeris these lines will cross each other in the lumbar vertebræ at the vertical line, which will demonstrate that to be the point where the "upward force of the earth through each leg, and the downward force of the body, converge as upon a tranverse centre of gravity, and so literally press the body into transverse symmetry upon that point."

Thus, then, the body being perpendicular, constitutes a complete microcosmic centripetal system in itself, with the lumbar spinal curve for its centre, and from and around the latter all the antagonistic muscular forces and motions play, in activity, and return to it in repose." This is illustrated by placing the thumb upon the lumbar vertebræ at the point already alluded to, of a person standing erect; an attempt to bow will bring the weight of the body directly against the thumb, or, as the chest comes forward, the *centre* moves backward, and if this is not allowed, by severe and continued pressure, the heels would rise and the body fall.

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It is upon this starting point that the philosophy of deformity is taken up and considered in a masterly manner, and the mechanical therapeutics applied, in every instance the physician bearing in mind the great centre of the body before mentioned.

A very interesting part of the book, beginning at page 46, is the pathology of uterine obliquity, and the author says "Observation has induced me to think that the present pathology of uterine obliquities is more or less defective. Its ruling idea seeming to be that the physical causes originate within and are mainly confined to the *intra*-pelvic tissues, whereas to the writer it seems manifest that the pelvic contents are, in the main, *only the objective point*,* and that the abnormal status there, both primarily and proximately, is caused by a relaxation of the abdominal and dorsal muscles and ligaments, and by a consequent *undue gravitation* not only of the abdominal contents upon the pelvic organs, but also of the *whole* trunk, which has lost its true centripetal bearings and has *fallen forward of its spinal axis*, in consequence of a diminished and unbalanced action of its muscular braces." Now there is a great deal to be thought of and acted upon in these wholesome remarks. Physicians are generally too prone in misplacements to direct their efforts of cure solely to the intra-pelvic tissues, without a due regard to the other portions of the trunk, and we have ourselves often observed that proper bandaging and bracing of certain abdominal and trunkal muscles has, in such cases, been followed by relief, although we were ignorant of the true philosophy of such benefit. Much of this valuable book treats of the effects of *muscular laxity* on the human frame and the diseases consequent thereto, and points out how much influence mechanical support, properly applied, may exert in such cases. Among such affections we find hepatic torpor, diarrhœa, dysentery, cholera, chronic peritonitis, chronic splenitis and other affections. There is a good chapter on pessaries, which the author, with his opinions upon the subject, doubts as accomplishing any good results, and he then considers each variety of instrument and gives his objections thereto; he, however, regards the double S and the horseshoe as superior to all the rest.

*The italics are ours.

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All the varied misplacements of the uterus are carefully mentioned, and finally the proper supports advised and directions given for their application. The volume is well gotten up, and consists of 352 pages. When we read over such works as that which we are now considering, we must be careful to endeavor to judge fairly, to allow ourselves to discriminate between the correct applications of means to ends and the "*universal panacea*" business. We have no doubt that such scientific application of mechanical means, combined with proper remedial measures, and especially homœopathic medication, will be of the greatest advantage both to the patient and physician, but we must not allow either novelty or love of mechanics, or enthusiasm, or great sanguineness to carry us too far. This book is the best of its kind we have seen. It will be of service to the profession, and comes to us endorsed by high authority. The author states, in his preface, that since his varied papers on mechanical pathology appeared in the *Medical and Surgical Reporter*, he has received over twelve hundred letters from this country and Europe, calling for the publication of the volume. We find among the correspondents Henry R. Madden and J. J. G. Wilkinson.

A Systematic Treatise on Abortion and Sterility. By Edwin M. Hale, M.D. pp 361. C. S. Halsey: Chicago, 1868.

We have received the second revised edition of Dr. Hale's "Systematic Treatise on Abortion and Sterility." The work is well gotten up, its typography is excellent, and the binding superior to the majority of Homœpathic publications. The first edition of this work has been reviewed by several of our journals, and has caused, from time to time, a certain degree of controversy among physicians. In the preface to the second edition the author states that he has omitted Part V, on *Obstetric Abortion*, and that it (Part V) "was written for physicians—for pure-minded, honorable men—but the information therein contained has probably been prostituted to bad purposes by immoral physicians." It is for this cause that the Doctor has

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made an incomplete book of his second edition. This, we believe, is wrong. While no one can more deprecate than we do, the publication of a POPULAR work on abortion, or the circulation of a *medical book on abortion* among the laity for base purposes, yet it being necessary, no doubt, at certain times and under peculiar circumstances, to induce premature labor, the physician must have at his command, at such serious moments, all the light that study, research and experience may throw upon the subject, and will expect to find such matter in a work treating upon such a specialty. That an editor or author, believing himself to be right and "*pure minded*," should render his work incomplete because unprincipled men and women might make bad use of the information which he has given in honor to his upright professional brethren, is, we conceive, an error in judgment. The Bible itself is used by the infidel to prove there is no God, and portions of Hahnemann's *Organon* are held up by our adversaries as the most ridiculous parts of Homœopathy. Therefore we say that a work on any scientific subject should be as exhaustive and complete as possible in all the branches appertaining thereto.

But there is another point of view at which to look at this matter, and that is, the *manner* in which such works are distributed. They should be owned by medical men alone, they should not be sold or circulated among the laity; they should not be loaned to those who, by any means, would be suspected of making an ill use of the same. It is herein, we conceive, the mischief lies.

Of the body of the book nothing need be said, it is comprehensive, takes quite an extended view of many of the necessary subdivisions, and will, no doubt, meet with as large a circulation as other of Dr. Hale's works.

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Editorial Notes.

The "WESTERN HOMOEOPATHIC OBSERVER," appears to-day in an entirely new dress, and under new auspices. During the absence of the Editor, Proprietor and Publisher in Europe, the Journal fell far short of what it should have been. While we therefore frankly acknowledge our short comings, we at the same time assure our readers and our valuable exchanges, that no pains shall be spared to render our paper worthy of their attention and perusal. We beg therefore from the profession a part of their support both from purse and pen, and trust they will not be disappointed in their bestowal. The editor particularly requests that the Surgeons of the country will forward reports of Surgical cases, and their treatment; while from among the hundreds of medical practitioners he hopes to obtain from time to time varied thoughts and experiences. We shall have the pleasure of laying before our readers "Translations" and "Foreign notes" as well as our home articles, and such items of news as may prove interesting and instructive.

It had been our intention in this issue to have given some account of medical matters abroad, but severe family sickness, and the loss by theft of a note book containing the jottings of a whole European tour, with statistics and deductions, have prevented us. From memory at some future time such matter may appear.

THIS Journal will be issued monthly, and contain about 20 pages. Communications, and especially correspondence, must be written *on one side* of the sheet to insure publication.

ALL letters on the business affairs of the Journal must be directed to H. C. G. Luyties, No. 306 North Fifth Street, St. Louis, Mo. All communications for publication, must be forwarded to the Editor, No. 1418 Washington Avenue.

THE HAHNEMANNIAN MONTHLY FOR DECEMBER.

We feel an especial interest in this Journal since its present Editor has assumed its control. We had the pleasure of introducing him to father Æsculapius, and cultivating the acquaintance of the two. The

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rather dictatorial spirit which formerly was evident in the pages of this Journal, has given place to tempered and well balanced criticism, while the faithfulness of society reports, and the summary of news are most ex cellently arranged. It is plain to see that the Editor devotes much time to his periodical, and we wish him every success.

THE OHIO MEDICAL AND SURGICAL REPORTER.—This magazine, is one of the best Western periodicals, and is conducted with enterprise and spirit; there is always something to be learned from a perusal of its pages, and its tone is always good. Cleveland is doing a good work for Homœopathy, and her college is in a flourishing condition There has lately been held a Fair for the cause, which yielded over $2,000. We are glad to see so much surgery practically taught in the Hospital, and from the number of the surgical performances, the students must have a wide field for study and observation. We shall look for the *Reporter* regularly and miss it when it does not come.

THE NEW ENGLAND MEDICAL GAZETTE is on our table for January, and is one of the best numbers yet issued. It contains articles from some of the best men in our school in this country, as Wesselhoeft, Dunham and Holcombe, while its letters, reports, extracts and items are of an interesting character. We find that there are fifty-seven homœopathic physicians in Boston, being an increase of one hundred per cent in the last ten years. There are two homeopathic societies in the city which meet semi-monthly, the State association convening once every year. The Homœopathic Dispensary has been in successful operation for ten years, and has at the present a permanent fund of $20,000. This is decidedly encouraging, and we wish the Homœopathists of the "hub" every success.

Our other exchanges have not yet been received. Please mail them *direct* to the editor of the WESTERN HOMŒOPATHIC OBSERVER.

THIRTIETH TRITUATIONS.

As the higher potencies are coming into very general use in the western country, it may not be amiss to remind our readers that Mr. Luyties while abroad, procured the 30th trituiation of seventy eight medicines which have thus far given entire satisfaction. We have always been more in favor of dispensing powders than liquids, especially at those seasons when there is much sediment in the water, and therefore are glad to know that reliable articles of this (30th) potency, may be obtained in powder form.

The preparation of each successive trituation occupies one hour and a quarter, and its manufacture is supervised by most experienced chemists. The genuineness of these potencies is undoubted.

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NOTICE TO SUBSCRIBERS.

In lieu of the non-appearance of the OBSERVER for several months, during the absence of both the editor and publisher from this city, there will be mailed to those who desire it, a copy of Dr. Helmuth's Essay on Cleft Palate, a pamphlet of 29 pages and 10 colored lithographic plates; or a pamphlet of 39 pages containing the Annual address and Report of the Bureau of Surgery to the American Institute of Homœopathy, at its nineteenth session. Those subscribers who desire either or both of the above will address the publisher of this journal, enclosing stamp.

ANSWERS TO CORRESPONDENTS.

DR. M. F. Your article will be accepted.

C. A. J. We are much indebted to you for your contributions. Write again.

W. S. S. If you will write a detailed account of the disease in question, we may assist you in the selection of the appropriate medicine.

DR. CHARGÉ PARIS. The OBSERVER will be forwarded to you regularly from the present number, and we shall look anxiously for the proposed exchange.

SUBSCRIBER. It was impossible from absence to be more prompt. We have endeavored to repair the irregularity. From this date you may rely on the regular appearance of the OBSERVER.

DR. G. There is but *one* Homœopathic Medical College in this city, and that is in successful operation.

DRS. P. W. AND F. If you will correspond with the Dean or Registrar of the Homœopathic Medical College of Missouri, you will receive all the necessary information concerning the qualifications for graduation. An early application should be made as the session is verging to a close.

DR. C. Your article is inadmissible for many reasons, especially because of its personalities.

DR. F. A new preparation of Lachesis has just been received. It is pronounced by Dr. Hering to be genuine. The lowest trituation which is offered for sale is the third. It can be had at the publication house of this journal, No. 306 North Fifth Street.

DR. B. M. Mr. Boericke advertises a new epitome which he is about to publish. It is said to be superior in many respects to that of Curtis & Lille; its cost is $1.50.

DR. C. Of the several visiting lists there are Elmers, Lindsay and Blakiston, Mosman's, Butler's and others. The latter is the most complete and more serviceable for many reasons. In reply to your other query, we may say that Prof Comstock has invented an excellent pair of obstetrical forceps. We hope to be able to give a cut and description of them in our next number.

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MRS. HARDING'S BANDAGES.

We have already noticed Dr. Banning's Mechanical Pathology and Therapentics, and referred to the treatment, or rather the accessory treatment of many disorders by mechanical support. A lady of St. Louis has devised several bandages which are most excellent in certain complaints, and to which we would direct the attention of physicians. By referring to the diagrams, it will be seen that support is obtained from the shoulders and *taken away from the hips*, which is a special and admirable feature in the apparatus. Many females at the climacteric have pendent or enlarging abdomen which give them much inconvenience and frequently actual pain; to such, fig. 1 is especially adapted:

FIG. 1.

A A represents the SHOULDER STRAPS, B the BACKBRACE, C the RUBBER STRAPS or side fastenings, D the WHALEBONE, which holds the front support firmly, yet is sufficiently yielding to fit the form nicely. E the SIDE PAD under fastenings, F the ELASTIC in the front, G the UNDER STRAPS which fasten down or hold in place the Supporter.

In persons who have suffered from frequent miscarriages, this support is very necessary, and for females towards the latter months of gestation where there is unwieldiness of figure, and sometimes almost inability to move on account of great size, this bandage is really a comfort and a blessing.

In figure 2, the same general arrangement is noticed as in fig. 1, but with the difference that the ELASTIC, F. is much smaller, and that firm support is given to the lateral abdominal walls by plates of zinc, represented in

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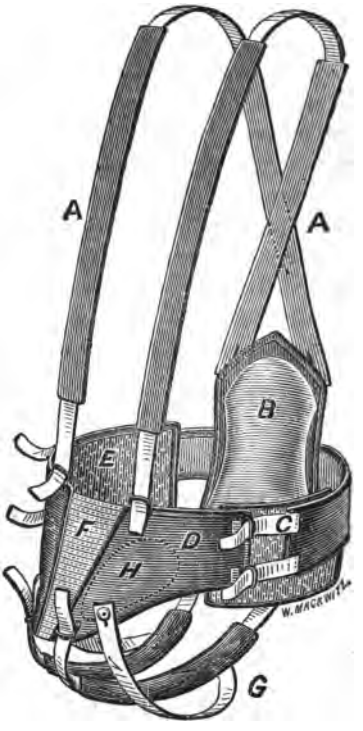
the diagram by the dotted lines, H. This bandage is remarkably well adapted to unmarried females, and to those suffering from prolapsus uteri.

The BACKBRACE B, in both instances is a great support to the lower portion of the vertebral column, and together with the action of the SHOULDER STRAPS, and the elastic in front make a combination which is pleasant to the wearer and effective for the purposes for which the bandages are applied Mrs. Harding desires, and we believe is meeting with all the success she deserves in the introduction of such light, easily applied, and effective apparatus.

FIG. 2.



The above bandages are for sale at LUYTIES' PHARMACY.

FOR SALE—A BARGAIN.

SECOND HAND MEDICAL BOOKS.

The following named books have been but little used, and are but slightly damaged. They are offered at greatly reduced prices. To any medical student, or a physician desiring to furnish a library, the opportunity is a good one. Address the publisher of the OBSERVER:

Franklin's Science of Surgery.
Bumstead's Venereal Diseases.
Hartmann's diseases of Children.
Fown's Chemistry.
Liebig's Chemistry.
Ramsbotham's Obstetrics.
Helmuth's Surgery.
What to Observe at the Bedside and after Death in Medical cases.
Hale's New Remedies.
Maclise's Surgical Anatomy, with 68 coloured plates.
Hull's Jahr, by Snelling, Symptomatology and Repertory.

There being only one copy of each of the above works, an early application is necessary.

H. C. G. LUYTIES,
306 North 5th St.

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THE

Western Homœopathic Observer.

FEBRUARY, 1869.

Original Articles.

MEDICINE.

DR. ARCHIBALD REITH, OF ABERDEEN, AND HOMŒOPATHY.

BY J. S. DOUGLASS, M. D., MILWAUKEE, WIS.

In reading the current Allopathic literature one is cheered and encouraged by the liberal infusion of Homœopathic ideas. Our ancient and slow-moving brethren are making a series of astounding original discoveries of long-established Homœopathic truths. If they are the first in the Allopathic school, who have announced them, they are claimed as original, however long they may been axioms in OUR literature.

When the identity of their teachings with those of Homœopathy is too palpable to escape notice, they often deem it necessary to inform their brethren that they are not Homœopaths—not they.

An article in the July No. of Braithwaite, from the pen of Dr. Archibald Reith, physician to the Royal Infirmary of Aberdeen, so well illustrates these points, and withal is of so much intrinsic

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value, that I feel strongly inclined to lay it before the profession at least its more important parts. He opens his treatise on the use of Aconite in fever by the following announcement: "In accordance with the experiments of physiologists, the vaso-motor system, when paralyzed, is more susceptible of stimuli than in the natural condition, and in consequence only *very small* doses of medicines *having an affinnity for the affected organ* are required to contract unduly dilated blood-vessels."

He insists upon the double action, the primary and secondary of drugs, which he asserts, has been hitherto entirely overlooked. The recognized toxical effects of some drugs are due to their primary action, of others to their secondary. The effects of cold and Acon. are analagous.

He says: "The primary effects of these agents, that of contracting the blood-vessels and exciting the sympathetic isso decided and prolonged that it has constituted their main feature in descriptions of their properties. Thus the *recognized* physiological properties of cold and Aconite are due to their *primary* action, those of other remedies to their *secondary*. It is easy to see what confusion this has introduced into therapeutics. The double action of drugs has been entirely disregarded; in some the primary, in others such as Aconite, the secondary phenomena have been overlooked. Both these actions, however, must be taken into account before we can form a correct estimate of the therapeutical value or application of remedial agents. The chief brunt of Aconite falls on the nerves of the heart." "If we could suppose Dr. Richardson's ether spray directed on the heart, it would give us a fair idea of the effect of Aconite upon that organ. Its mode of operation seems to be, to cause excitement of the cardiac plexus with consequent contraction of the blood-vessels supplying the tissue of the heart. There is a diminution of blood in, and a decrease of the vital properties of that organ. Its pulsations become less frequent, and may fall so low as 40 per minute. The surface of the body becomes cold." "The general condition of the patient resembles the collapse of cholera. In fact, it is a true collapse induced by a poison, as much as that of cholera. The sympathetic sys-

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tem is in a state of excitement and the blood-vessels in a state of contraction. If a moderate dose of the poison be taken, the symptoms are those of the chilly stage of a fever, a less advanced degree of collapse. These, then, are the recognized physiological effects of Aconite on the circulation. The attention of observers seems to have been arrested at this stage. Any further phenomena, characteristic of the medicine, appear to have been totally overlooked, or at least considered unworthy of special notice. Whereas, the truth is, that the subsequent manifestations of Aconite on the circulation are equally important with, if not more so, than than those just mentioned. In all cases of collapse, unless the influence be strong enough to extinguish life in that stage, there is, of necessity, a re-action to the opposite condition."

"The chilly stage of a fever is succeeded by the febrile stage. In like manner, the primary symptoms of Aconite just detailed are followed by a corresponding reaction. In proportion to the stimulus exerted upon the cardiac nerves, more or less paralysis ensues. The blood-vessels of the heart are preternaturally dilated, more blood is sent to its tissue, and there is a consequent increase in its vital properties. The pulsations are increased in frequency and strength, the circulation is more active, and there is consequently a febrile condition present. Had our nomenclature been consistent, this Aconite fever should have been regarded as the physiological action of the drug and brought it under the same category with other medicines whose secondary symptoms have been considered their proper physiological manifestation. If these duplicate phenomena, however, be admitted, the nomenclature is of little importance. Now, these febrile symptoms exhibited by Aconite, though acknowledged by the profession, are nevertheless practically ignored. They are never mentioned as affording any indication of its therapeutical application. All our ideas of Aconite have hitherto been confined to its primary action as much as they have been to the secondary action of other medicines. But, in possessing a double property, its use in disease is rendered more intelligible and accurate."

"The secondary action of Aconite being attended with dilata-

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tion of the cardiac blood-vessels and quickened circulation, it follows, that in accordance with the views formerly expressed, it should prove more or less remedial in conditions of the system where such dilatation existed—the dose of course, being small enough to induce only the primary effect. The febrile state is that for which Aconite is specially indicated. And herein is exemplified the advantage of recognizing the double properties of medicines. Aconite viewed solely as a depressor of the heart's action, that is to say, a stimulant of the cardiac plexus has been strongly recommended by some physicians in various kinds of febrile disorders. But, overlooking the secondary action of the drug, and guided only by its primary, they have prescribed it on the principle of the larger the dose the more powerful the effect. The experience of its use in this way is very diverse. Sometimes it has succeeded; but it has often failed, and in many cases dangerous symptoms have occurred, &c."

He submits the following points:

1. "The secondary action of Aconite being analagous to the febrile state, we infer that it will prove remedial in cases of simple, uncomplicated fever only.

2. The effect desired being to produce moderate contraction of the cardiac blood-vessels, such as will not be followed by undue re-action, the dose must be correspondingly small, &c."

He thinks, correctly, that Aconite is not curative in specific fevers or even in inflammatory fevers, "if there be extensive local lesion. In such a case, the medicine acting physiologically on the affected part is the remedy properly indicated, whether it be Belladonna for Meningitis, Antimony for Pneumonia, or Cantharides for Nephritis."

On the question of dose, (hear! hear!) he makes the following annoucement: "Now, I beg to call attention to the following fundamental axiom of therapeutics, which has never, so far as I am aware, been stated before." Now, let the reader be prepared for an orignal discovery of a little less than half of a long-established Homœopathic truth. It is this: "*Medicines whose recognized physiological action is in reality, their secondary manifestation, when indicated by their pathology as proper remedies for a particular disease, are unsuitable for, and injurious*

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in that disease when given so as to develope the physiological symptoms." We said a little less than half a truth, for it is an equally well established truth, that "medicines whose recognized physiological action is in reality, their *primary* manifestation," are equally injurious "when given so as to develope the physiological symptoms," and in this case even smaller doses are required. He thinks that Quinine, and other remedies often fail and fall into disrepute from disregard of this axiom.

The author's dose of Aconite is from one drop to one-quarter drop of the tincture. And he gives three cases in which a quarter drop produced uncomfortable depression of the circulation and paralytic weakness of the left arm.

He wonders why those who give large doses of Aconite and other drugs, and see unpleasant effects, do not diminish the dose sufficiently low to avoid those effects. But the possibility of reducing the dose of Aconite below a quarter drop does not seem to have occurred to him. Or, perhaps so great a reduction from the orthodox standard is as much of a departure as he dares to acknowledge at present. And lest this should be deemed to approximate suspiciously near to a Homœopathic dose, he takes the pains to say, that it is after all much nearer to the minimum dose of the orthodox pharmacopœia, (five minims) than to the thousandth or millionth of a drop given by Hahnemann. He sums up his ideas of dose thus: "The doses I recommend are what come short of re-action, whether it be 20 grs. of Bromide of Potassium or one quarter of a drop of tincture of Aconite." And then adds: "The connexion between this and infinitesimalism is certainly very slight." We add that the connexion between this and Homœopathy as far as dose is concerned, is so close as to render them identical.

In a note to the last quotation relating to dose, he says: "I find that many of the enlightened and intelligent Homœopathic practitioners are of the same mind. They are prepared to abandon Hahnemann's system and to occupy a middle position such as I have indicated did they receive encouragement from our side. Would it be too great a concession to give them that encouragement. We are fully aware that Homœopathy

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contains an element of truth: shall we continue to reject that element merely because Hahnemman buried it in so much rubbish? I cannot believe so; and I think that the recognition of the double action of drugs might serve as a basis on which the two opposing schools could ultimately be reconciled—a consummation devoutly to be wished."

Now here is an offer from a respectable source. What do we say to it?

If we understand some things which we have quoted and some others which we have not, the writer admits the doctrine of similars and only sticks at the infinitesimal dose, which, however, he admits and contends must always be small enough not to produce a pathogenetic effect, or, in other words, medicinal aggravation. If it is a compromise to agree to this, then we are unequivocally in favor of the compromise, for it includes all that we have ever taught as essential to Homœopathy.

Our author says that if they but make this concession, and we agree to it, "the present Homœopathic system would not have a leg left to stand upon." It is true that it would not have a leg left for its exclusive use, for they would have appropriated both our legs, to their own use. So mote it be. We like such compromises.

We hope all Homœopathic and Allopathic physicians will procure the July No. of Braithwaite's Retrospect, and read carefully the whole of Dr. Reith's article, beginning at page 258.

NOTE BY THE EDITOR,—We need not inform our readers, after the perusal of the foregoing valuable paper, that Dr. Reith is at present a Homœopathic physician. Our esteemed colleague, Dr. Douglass, plainly discerned the fact while perusing the paper in question. A pamphlet by Dr. Reith on "Homœopathy, its nature and value," together with the action of the Aberdeen Medico Chirurgical Society, has excited so much attention, both in the medical and secular press, that we may be pardoned for giving a short history of the whole affair. Within the past year, Dr. Reith published three papers in the *Edinburgh Medical Journal*, on the "Therapeutical action of medicines in dilated conditions of the blood-vessels," which are reviewed by Dr. Douglass. Dr. Reith states that he arrived at the deductions already given, from a careful study of the works of Trousseau, Claude Bernard and Brown Sequard. These papers were read before the Medico Chirurgical Society. The reg-

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ular *savans* in conclave assembled, sat, listened, applauded and returned thanks to Dr. Reith for his "valuable contributions." Eminent physicians wrote commendatory letters to him on the scientific nature of his essays and encouraged him to proceed in his investigations; endorsed his opinions and thus his reputation rose rapidly in the estimation of his confreres. Dr. Reith was physician to the Royal Aberdeen Infirmary, he introduced there with success that mode of practice, which had been so highly extolled by his society, and medicines were prescribed in the institution which were known to be those which were used by Homœopathic physicians. Then, and not till then, was it perceived that "Homœopathy" was at the basis of Dr. Reith's opinions and practice, and the usual routine at once proceeded. The members of the society desired his name to be stricken from the roll, and that he be removed from his position in the Infirmary. A formal communication was laid before the managers of the institution, stating that in the event of Dr. Reith's re-election, all the medical officers would "resign in a body,"—and other steps taken for his removal by the very same "regular" gentlemen who had returned thanks to him for his papers on the "Therapeutical action of medicines in dilated conditions of the blood-vessels." They, they who professed to know "all about Homœopathy," who, no doubt had informed their patients "that the system was all humbug," never discerning the truths they were applauding, till by accident, as it were, they discovered that a few drugs, and in doses rather below those allowed by the British Pharmacopœia were introduced into the Infirmary, which drugs were used by Homœopathic physicians; then not regarding the exhibition of their own ignorance of Homœopathy, or their previous words of encouragement to Dr. Reith, they proceed with the characteristic steps of expulsion and removal; actions which we have seen in this country over and over again; which the Faculty of the Michigan University are essaying at the present time, and which were enacted in this city by those connected with St. Luke's hospital. The usual correspondence followed; facts and figures on the side; on the other, refusal to investigate, refusal to argue the point, refusal to answer the most simple questions, refusal to understand every proposition, except one, the removal of Dr. Reith from the society and the Infirmary together. This provoked the publication of Dr. Reith's pamphlet on "Homœopathy, its nature, and relative value." In which he states very forcibly the manner in which he, unwittingly became aware of the truth of the system, and which has been reviewed by the journals of our school.

The foreign medical periodicals contain very many articles concerning this whole matter, and we take the liberty of setting before our readers

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some extracts from a most excellent review in the *Monthly Review*, the *Homœopathic World*, and other papers.

In one of his letters, Dr. Reith says:

"You ask me to reconsider my views for the sake of my own professional status, and for the purpose of relieving you from the delicate position in which you say I place you. If my professional status can be maintained only at the expense of truth, I can afford to let it go. But you must remember that the position you now occupy is entirely self-assumed, and that I acquit myself of every responsibility in connection therewith. The consequences, which you will doubtless regret, must lie on your own heads. Your so-called delicate position arises from the circumstance that you have not had the moral courage to say "no" to that spirit of intolerance which has been the bane of the medical profession from the earliest era of its history.

"Before you send this correspondence to the managers of the Infirmary, I must ask you in honor to answer the following questions:—

1. "Have you carefully studied the subject of Homœopathy, so as to be well acquainted with its principle and mode of application?

2. "After such careful study, have you put the system to a lengthened, impartial, systematic, practical trial, so as to able to form an opinion on its merits?"

"In common fairness I trust you will not hesitate to give me satisfaction on these points."

In another:

"My colleagues also decline, for trival reasons, to give me satisfaction on the two questions I propounded to them. Medical men are only too glad to lay hold on anything which may blacken and discredit Homœopathy; and had my colleagues been able to answer my questions in the affirmative, it would have given them much pleasure to do so. There can be no doubt, therefore, that they never studied Homœopathy, nor put it to a practical trial. In these circumstances they condemn me unheard, and presume to disapprove of principles and practices which, confessedly, they are in complete ignorance of."

The following remarks we take from the "*Homœopathic World*," for January:

HOMŒOPATHY AND THE ABERDEEN ROYAL INFIRMARY—MEETING OF MANAGERS AND REJECTION OF DR. REITH.—On December 14th ult., a quarterly general court of the president and managers of this institution was held. As the question of Dr. Reith's dismissal from the medical staff for having practised Homœopathy was to be discussed, there was an unusual number of managers present. As, however, the whole subject had been referred to two consulting physicians of the Institution, they, of course, decided against Dr. Reith; and while all the other officers were re-elected, he was not. Indeed, the managers were almost driven to the course they adopted, for the medical officers had threatened to strike *en masse* if the practice of Homœopathy were at all permitted in the Infirmary. Dr. Reith's position is thus stated by himself, and should, we think, have satisfied the Governors:

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"1. As a duly-qualified Physician, I consider that I am at liberty and entitled to exercise my free and independent judgement in prescribing such medicines, and in such quantities as, from practical experience, I believe to be most likely to give relief to the sufferers.

"2. I have found, after much study of the subject, and practical test in numerous cases, that the certain medicines known to the profession as Homœopathic, are much more speedy and effective, where applicable, than the ordinary officnial preparations in the usual doses.

"3. I have, therefore to a greater or less extent, both in my private practice and in the Hospital, availed myself of those medicines in cases where they seemed to me to be suitable, and with the most satisfactory results."

The suggestion of Mr. Fordyce, M. P., to set apart wards for patients who prefered to be treated Homœopathically, was rejected by the doctors, although it might have been thought to offer a fair opportunity to prove Homœopathy a delusion, if such it were. The whole onus of the dismissal of Dr. Reith was entirely on his medical colleagues, for the opposition came from the College.

The *Edinbury Daily Review* of Dec. 15th thus impartially records the proceedings of the Managers:

"Those who are familiar with Scottish ecclesiastical history are aware that "the Aberdeen Doctors," long ago, acquired an unenviable notoriety. *They have found worthy successors in the doctors of the Aberdeen Infirmary.* We referred the other day to the controversy which had arison among the medical attendance of that institution. Dr. Reith had cured some patients, it would appear, in a manner which was not orthodox. He had treated them in Homœopathic fashion, and was bold enough to defend his conduct when challenged by his professional brethren. The consequence has been that the other medical visitors of the Infirmary informed the Managers that they would resign in a body if they continued Dr. Reith in his situation; and the Managers, at their meeting yesterday, resolved, by a majority, to relieve Dr. Reith from his duties A judicious proposal was made by Mr. Fordyce, M. P., that there should be Homœopathic wards in the Infirmary; but this would not have satisfied the doctors, and the managers—the majority of them—probably felt that they were in a manner constrained to sacrifice Dr. Reith to the prejudices of the other doctors. On the comparative merits of Allopathy and Homœopathy we say nothing; but it is certainly a very strong and offensive proceeding to extrude a medical man of good standing from the service of a charatable institution because he believes he has fallen upon a more effectual curative system than that in which he has been trained."

We cannot do better in conclusion than to insert here an extract from a most excellent leader in the *Monthly Homœopathic Review*, styled "RETROSPICIENS."

"In Aberdeen a hot controversy has proceeded during the last few weeks, the details of which have been so recently given to our readers that we need but notice them *en passant.* A reference to our report of the Aberdeen Medico-Chirurgical Society, given on another page, will show that the attempt made to expel Drs. Reith and Dyce Brown on ac-

**Four Letters on Homœopathy, &c.* By ALEXANDER HARVEY M. D. Aberdeen: Wyllie & Son. 1858. P. 4.

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count of their having expressed a faith in homœopathy, practically failed. This, too, is a result of the greatest importance. A few years ago and such a motion would scarcely have elicited discussion, and would have been passed without the slightest opposition!

"Of the effort to remove Dr. Reith from the post of physician to the Infirmany, on the ground of his having introduced the practice of homœopathy into its wards, we elsewhere record the successful issue. To the medical faculty of the city the result will doubtless afford much matter for congratulaion. But what is the nature of the rejoicing wherewith these Aberdeen doctors of medicine will rejoice? It is the rejoicing of the coward who has successfully evaded a contest. The rejoicing of the man who has escaped from the power of his superior in strength, in skill, and in resources. Of all cowards, few are so mean and paltry as a very large proportion of allopathic practitioners, when brought face to face with homœopathy. But what shall we say of the man who, having challenged his antagonist to "a stand up fight," who has pleaded for "fair play on both sides,"* takes the first opportunity of getting out of his reach! Such is the position of Dr. Harvey. We do not mean to assert that he believes homœopathy to be true. The "*Four Letters on Homœopathy*" prove clearly enough that practically he knows nothing, and theoretically but very little about the matter. But he knows perfectly well, that the existence of evidence so abundant in amount, so uniform in character, and so varied in its sources, is utterly inconsistent with the theory of the merely negative value of homœopathy. Dr. Harvey cannot fail to be well assured that, where so much smoke is, some fire must be. He has a shrewd suspscion that, side by side with his own practice in the Infirmary, Dr. Reith's (being largely homœopathic) would show results which his (being allopathic) could not approach. He remembers Tessier! He knows full well how mortifying, how galling to his allopathic colleagues, was Tessier's success as compared with theirs. To escape the dilemma the physicians of St.Marguerite fell into when Tessier was retained there. was therefore a matter of prime necessity to the reputation of Drs. Harvey and Smith. To effect it was only possibly by acting after the fashion of Manchester bricklayers or Sheffield grinders who, when they want to accomplish some trade advantage, avail themselves of the opportunity presented to them of enforcing their demands by their employers having large contracts on hand, with a heavy penalty attached to non-completion within a specified time. They know the employers must yield to them, however unjust, however ruinous may be their claims. Dr. Harvey and his allopathic colleagues theatened to resign rather than expose themselves to the risk of having the mortality and duration of illness in their wards compared with Dr. Reith's! They felt confident that, though the managers might desire to retain Dr. Reith's services, yet, rather than inconvenience the proceedings of the medical school, they would sacrifice him. On this they traded. "Ready, aye, ready" may be the motto of the physicians of the Aberdeen Infirmary, but unlike the celebrated regiment whose watchword it is, their readiness is not to fight, but to slink away; not to enact the man, but to play the coward; not to display their confidence in the declarations they have made, but to show, in the plainest manner imaginable, how much they doubt them. The cowardice exhibited by the medical officers of the Aberdeen Royal Infirmary in threatening to withdraw their services from the managers in case of Dr. Reith's being accepted, is a cowardice of the meanest, the basest, the most repulsive, character. Such cowardice as is involved in conduct of this kind, is met with nowhere, save among allopathic practitioners of the Aberdeen type. In any other body of men so depraved a *morale* is unknown."

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CHOOSE THE RIGHT REMEDY AND THEN PERSIST.

BY T. S. VERDI, M. D., WASHINGTON, D. C.

Moral courage is an important element for the success of the physician.

Illustration! Miss Jennie Poe, daughter of George Poe, of Georgetown, D. C., a descendent of Edgar Poe, a young lady of 18, of brunette complexion, tall, slender, and emaciated to a shadow.

HER STORY: "I have been sick for five years, for five years have I not known an hour without pain. The suffering is constant, although I have paroxysms when the pain is frightful. These paroxysms will begin at the nape of the neck and run down my back to its very end. They were formerly comparatively rare, but now they return five or six times in twenty-four hours. My father has consulted the most noted physicians of Washington, Baltimore, Philadelphia, New York and Boston. I have regularly taken all their potions and have faithfully carried out their advice. One recommended "traveling by sea." I traveled by sea, until I thought I would never see land again. Another, that I should "travel by land;" I traveled by land until I thought I might just as well die of the disease as of being jarred, knocked and crushed to atoms. One advised that I should spend a winter in the South; I did. I spent one whole winter in Florida.

"For four years I have taken medicine; stayed at home wrapped in silk, raw cotton, or flannel; went to Newport to take sea-bathing; changed climates by sea and land, according to the advice of eminent physicians, but I never felt, in the remotest degree relieved; on the contrary, I slowly but steadily grew worse, until now I am in excruciating pain all the time, and my right side is nearly paralyzed. I cannot read, because my right eye pains me; I cannot write because my hand pains me; I cannot walk because my foot pains me; I cannot lie down, because my back-bone pains me. I have been sitting in this chair night and day for the last six months, studying every change of position that would give me the least relief."

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"Two years ago my menses left me; my appetite is miserable. For the last year I have given up medicine and doctors, for sensible people said "leave it to nature." Nature failed—the Doctors failed. Mr. Richard Smith, my fathers's friend, insists I shall try Homœopathy; he recommended you. Your's is the last advice I shall follow."

My Story: I was very sorry I was called in. Mr. Poe is an eminent and well-known citizen of this community. His daughter's case is well-known. The case is a most unpromising one; I almost despair of success in the beginning. The Allopaths will sing my defeat—the skeptics will laugh at my attempt.

I felt that egotism was frightening me; an effort of the will, and the fear was gone. "I must treat her, succeed or fail. A beautiful human being of eighteen given up in despair—no! Sink or swim, duty calls, I will follow!"

Reflections on Diagnosis.—Neuralgia of the neurilemma of the ganglia and efferent nerves of the right side.

Reflections on Symptomatology.—Kali Hydriodicum; Ferrum.

Administration of Remedies.—*Kali Hyd.*, 3^{d} deeimal, four times a day for one week, three grain doses. *Iron by Hydrogen*, two grain doses, three times a day.

Regimen.—Generous diet.

Ist. week.—Her Story: No better.

My Story: Continue the same.

2nd week.—Her Story: No better.

My Story: Continue the same.

3d week.—Her Story: No better.

My Story: The same medicine. [*In square vials.*]

4th week.—Her Story: No better.

My Story: Continue the same.

5th week.—Her Story: No better.

My Story: The same Kali Hyd. [*Changed into a solution.*]

6th week: Her Story: Her menses appear, pain the same.

My Story: Continue the same.

7th week: Her Story: Thinks the paroxysms less severe and less often.

My Story: Continue the same; [*changed label.*]

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8th week.—HER STORY: Slight improvement continued.

MY STORY: Continue the same.

9th week.—HER STORY: Has had a relapse, but is better now.

MY STORY: Change of the weather; continue the same [*in a blue bottle.*]

10th week.—HER STORY: Menses reappear; attempt to walk; can hold a book in her right hand.

MY STORY: Continue the same.

11th to 15th week.—HER STORY: Continues improving: appetite good; can read fifteen minutes without pain in the right eye; can write a short note; can lie in bed two hours.

MY STORY: Continue the same.

15th to 19th week.—HER STORY: Walks in the garden; goes three and four days without pain; functions regular.

MY STORY: Continue the same, [*vial in silver foil.*]

30th to 40th week.—HER STORY: Takes short drives; has had no pain for three weeks.

MY STORY: PERFECT! Continue the same.

50th week.—HER STORY: Has walked from her house to the Capitol, (one mile and a half,) has heard a long debate in the Senate; has returned home walking, as "hungry as a wolf."

MY STORY: Continue the same.

18th month.—OUR STORY: Scene at a party. Lively music. Feet wouldn't keep quiet. "Let us have a dance," and there goes *patient and doctor*, whirling around, forgetful of pains and drugs.

Finale.—HER STORY: "Doctor, you have cheated; you never changed the medicine, although *you changed the vials.*"

MY STORY: "Hope you will always be cheated in the same way."

HOMŒOPATHY IN RUSSIA.

The daily press and some of the old school medical journals have lately been much exercised about Homœopathy having been prohibited in Russia, through an imperial UKAS which also states that its adherents, who should continue to

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practice Homœopathy in the Empire, would be fined five hundred rubels and transportation of two years to Siberia. The statement was so absurd and the falsehood so malicious, that the Homœopathic profession in this country paid but little attention to this grossly compounded Allopathic fiction. It is somewhat of a mystery in whom, or from whom the absurd statement originated, for none of the Allopathic journals cite any authority. The *Courier medicäl*, and *Vienna Allg. Med. Zeitung*, published the statement, without giving to their readers the source of their authority, and these journals claim to be respectable, (?) perhaps they are.

The foreign Homœopathic journals and the daily press have, by means of facts and figures succeeded in convincing the public and the old school physicians, that there was no truth whatever in the above mentioned statement and that it was false in every particular; and, also, that it is in fact, an insult to the Russian Government. But the most demonstrative fact, that Homœopathy is not only NOT prohibited, but is constantly gaining ground, and receives still greater sanction from the imperial realm, is founded on the following: "The ministry of the interior has granted, in the face of the violent opposition from the medical commission, a constitutional organization of the Homœopathic physicians of St. Petersburg." This action of the ministry, in opposition to the advice of the medical commission, speaks louder than any other sign of recognition of Homœopathy, which is really favored by all classes of the Empire. How about 500 rubels fine and transportation to Siberia?

Dr. Bojanus writes under date of 29th Oct. 1868, from Moskow, to the *Allg. Hom. Zeitung*, Leipsic, that the Constitution of the Homœopathic medical society of St. Petersburg, was published in the Russian Gazette (Русскія Вѣдомости,) No. 216, 6—18 Oct. 1868. The Constitution is before us, and is a liberal document; in fact, as liberal and of the same pattern, as the Constitutions of medical associations are in this country. Will our Allopathic journals please publish the above facts.

We also may mention here that part of a hospital in Warsaw, has been assigned to a Homœopathic physician, and last, but not least, a Central Homœopathic Pharmacy has been sanctioned

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and opened in Warsaw. This latter being a very important concession to Homœopathy; for our old school friends know well, that the granting of privileges for Apothecaries and Pharmacies, depends upon Imperial and Royal favors in the old world. In this connection, we may mention that Dr. Chargé, in Paris, wrote a most able article in his Bibliothéque Hom. of Oct. 15th, on this Allopathic (Russian) falsehood, and it behooves us all, to use our influence to bring the facts before the public, since our enemy is unscrupulous and malicious in his attacks. J.

CLINICAL NOTES

Translated from foreign journals for the Western Homœopathic Observer.

Liquor natri hypochlorosi, is strongly recommended by Dr. Fraenkel as an injection in gonorrhœa, especially the chronic (℥ii: ℥vi.) In acute cases more diluted, (℥i.) once or twice a day."

Ergotin, dysentery.—Dr. Gros treated 44 cases of dysentery with *ergotin*, of which number he lost only one. He uses the remedy with starch as an injection, 12 or 15 grains for one enema, and gives it internally as an emulsion. Also in chronic diarrhœa, he found it of great benefit, and especially in children. The tenesmus and prolapsus ani which so frequently accompanies diarrhœa in children is generally very much relieved after the enemas of *ergotin*.

Cyanuret. mercur. has been found a valuable remedy in Diphtheritis. Dr. Villers, of Dresden, has treated a large number of cases of the disease with from the 6–30th cent. dilution, with the best results. The poisonous effects of the cyanuret, resembled the pathological condition of Diphtheritis, as demonstrated in the cases of five persons of various ages, who were poisoned by that drug.

Dr. V. cites a number of very interesting and indeed most serious cases of Diphtheritis, among which, was that of his own

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child, a boy seven years of age; the case had resisted all the indicated remedies, until Dr. Beck reminded him of the cases poisoned with *cyanuret merc.* The remedy was at once administered and the result to his great joy was most favorable. Since that period, he has had much experience with it, and to his greatest satisfaction. He earnestly recommends it to the profession.*

Reviews of New Books.

A SYSTEMATIC TREATISE ON ABORTION AND STERILITY, by E. M. Hale, M.D., late professor of Mat Medica and Therapeutics in the Hahnemann Med. College of Chicago, etc., etc., etc. Second edition—revised: C. S. Halsey, 147 Clark street, Chicago. (From the author.)

Since the last edition of this work was issued, only two years ago, under the title of a 'Treatise upon Abortion,' the demand and sale of the work has been so great, as to induce the author to issue a revised and improved edition, and bring the treatment up to the requirements of the present day. Numerous additions and revisions have been added, largely increasing the size of the work. The article in the first edition upon "obstetric abortion," has been omitted. The author says in his preface (the article above named) "was written for physicians—for pure minded, and honorable men—but the information therein contained has probably been prostituted to bad purposes by immora physicians." Dr. Hale in treating upon abortion has divided the subject into four parts.

Part I, Statistics of Abortion.

Part II, Etiology of Abortion.

Part III, Generation.

Part IV, Treatment of Abortion.

The portion of this work devoted to abortion, occupies 259

*In a future number we will lay a few of Dr. V's cases before the readers of the Observer. J.

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pages, and really contains a mass of valuable information, important and essential to the medical student as well as instruction to the skilled practitioner. The chapter upon ulceration of the os and cervix uteri is particularly instructive and practical. The pure symptomatologist who ignores pathological conditions will find himself sadly disappointed when he undertakes to cure ulceration of the os uteri by selecting his remedies from the subjective symptoms alone. Those physicians who insist upon such a course have never had the advantages of an extensive medical experience. Dr. Hale very boldly recommends medicines to be applied locally to the os and cervix uteri; in speaking of engorgement, induration or hypertrophy of the neck the womb, he recommends injections of cool aconite or calendula water, which with *belladonna*, *cimicifuga*, *mitchella*, *sabina*, and *aquaphobin* he says are quite sufficient for its removal.

This statement we object to, as entirely too positive; where the above remedies fail and especially when chronic inflammation is present, we would advise the daily use of hot water irrigations, used once daily by means of the vaginal irrigator or douche, an apparatus similar in form and constructed on the same principle as Dr. Thudicum's instrument for injecting the nasal passages. Irrigations made daily with this simple apparatus will do more towards the cure of chronic inflammation of the uterus than any other treatment we have ever seen tried. That portion of the book devoted to sterility, is a fair resumé of about all that is known at present upon the subject. When we learn from reliable statistics, that in married life every eighth marriage is unfruitful, it is about time for physicians to turn their attention to this important subject. Dr. Hale has tabulated the causes of sterility, and his classification of the same shows an accurate knowledge upon the subject, and will be found of especial interest to every medical man. Part IV. of the work contains an article upon the jurisprudence of abortion. This is a lecture delivered by Professor A. E. Small, M.D., and in the same chapter is a valuable paper by Dr. Woodhouse, Professor of medical jurisprudence. The contents of this portion of the work are exceedingly interesting and contain a resumé of the laws of all the several States of the United States,

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as well as the statutes of England, Scotland, Austria, Germany, Italy, etc., relating to abortion. The work as a whole, contains a great deal of matter of especial interest, and no medical library can be complete without it. The printing and binding is most excellent and does a great deal of credit to the publishers. We have but one fault to find with the illustrations, and that is the one on the first page of the book showing a section of the uterus, vagina, rectum and bladder; the execution of this is beautifully done, but we request Dr. Hale to review it in the next edition, for it is not quite anatomically correct. T. G. C.

St. Louis, January, 1869.

Correspondence.

LETTERS FROM PHILADELPHIA.

GOOD NEWS.

REUNION OF THE COLLEGES.

Philadelphia, Jan. 13, 1869.

Editor of Western Observer:

Dear Sir: You are at liberty to announce the union of the two Homœopathic Colleges here. The name of the united colleges is "Hahnemann Medical College of Philadelphia." The present faculty of the Hahnemann remains intact.

Very truly &c.,

Henry Noah Martin.

Philadelphia, Jan. 15, 1869.

Wm. Tod. Helmuth, M.D.,

Dear Doctor:—The *genus* medical student constitutes a class by itself, characterized by unmistakable external endowments, which clearly distinguish him from the rest of mankind. You can meet them on the street, at every turn and every corner and in every conceivable place, unshaven and unshown, with empty pockets and port-monaiés, lean, lank and hungry looking,

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not like Diogenes in search of a man, but knowledge, wherewith to move the world. Of the clinical advantages, these out casts from respectable society enjoy in this city, at the various hospitals and colleges it would be impossible to speak in one letter, but a few notes at random, may from time to time be of interest to the readers of the Observer. It is a bright sunny day, and a walk to Blockley Alms House will amply repay one for his time and trouble. Entering, through spacious grounds, a large building, we find ourselves in a commodious amphitheatre, capable of seating nearly four hundred students. The conveniences and appliances for operative surgery and clinical medicine, leave nothing to be desired. "Confusion worse confounded," reigns supreme and holds high carnival—for in no place more than the lecture room, does the medical student display his many peculiarities. Embryonic M. D's. in hot discussion, whistling, singing, pushing, scuffling until the entrance of the Professor is oil upon the troubled waters, and the noisy crowd subside into the depths of their note books, with necks outstretched like hungry crows, to make an item of every word of wisdom, which is scattered broadcast to the gaping assemblage. As good fortune favors us, it happens to be one of Dr. Wm. H. Pancoasts surgical "boquet clinics." Forty cases of ulcer, twenty of hernia, with a variety of other diseases interspersed like leaves and buds in a cluster of flowers, attesting the fitness of the name. Of the ulcer, there seems to be every known species, the deep, superficial, indurated, serpiginous, indolent, and so on through the whole list, turned up in the scarlet and white of the surgeons livery. It's a kind of an ulcer undress parade for inspection. "We find gentlemen," remarks the Dr., "those of a varicose nature, all in brief, characterized by a stagnation of blood in the parts, are greatly relieved by free incisions in the lips and margins of the ulcer, and repeated punctures in the surrounding tissues, with a scalpel point, which I will proceed to do." "The obstinate cases we fill with powdered red bark, strap, and leave to nature"—the most potent of all healers—the physicians right bower. Hardly has the last man made his exit, when our attention is called to the entrance of the Hernia brigade, nineteen being inguinal, one of these double; and an

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isolated one of diaphragmatic. Dr. Pancoast has been successful in permanently curing several cases, by closing the inguinal canal with sutures, and thus producing union with the surrounding invaginated tissues. A case of hydrocele is now placed upon the table and operated upon, the drainage tube being inserted subsequent to the evacuation of the sac—a proceeding which seems to be in some favor at this institution. This is followed by a case of extirpated cancer of the left side of the throat and on exposure of the cavity, the carotid, which has been ligated, is distinctly visible. The ligature is removed, the wound dressed, and the man carried out with only a few days of life before him. But we must not overlook that boy, whose features like the man in the iron mask—are hidden from sight. Lifting the cloth visor, exposes a rare case of the terrible *noli me tangere*, or *lupus exedens*. Lips, chin, portions of the nose and left cheek gone, eyes bleared and "a front" not. "Like Mars, to threaten and command;" the surrounding parts fast disappearing before the advance of the disease. A few touches, with the chl. zinc, and he goes out, we are told, as happy as any one in the house, like a true philospher, content with his lot. And so the clinic closes, and we take our departure quite dazzled by the surgical panorama we have been spectators of. The thought at once suggests itself, what an influence Homœopathy would have in a similar institution where the beds have numbered three thousand. How invaluable would be the published experience in such a hospital completely equipped and under skillful Homœopathic management. The Alms House, is but one of the many, to which the student has access and our own clinics teach us many valuable lessons, of which, more at a later date. As a bit of news, not generally known yet, the "Hahnemann" and "Homœopathic College of Pennsylvania," have just effected a union, and commence the next session of lectures under the name and faculty of the former. This speaks volumes for the unanimity of feeling and good will in the profession. The consolidation of two such institutions, promises corresponding results in the future. We congratulate you on the new and elegant appearance of the "Observer," and wish it heartily the success which it so richly deserves.

Yours, OCULUS.

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OBSTETRICAL CORRESPONDENCE.

BALTIMORE, Md., Jany., 1869.

WM. TOD HELMUTH, M. D.:

Dear Sir:—I was requested to visit in consultation, Mrs. McA., aged 33 years, in her first labor. The attending physician told me that he had been called to her at 2 P. M., on the 16th. He found her in labor, pains strong and frequent, waters expelled with each pain, the os uteri was slightly open, unyielding and very thin. In spite of the appropriate Homœopathic remedies and the free use of gelseminum, the os remained unaltered until the evening of the 17th, when it began to dilate. She was then much exhausted and pains diminished in force and frequency. He then administered ergot—it acted for a while, then ceased its action. The os being well dilated, he tried forceps, but could not get them to lock. I saw her at one o'clock A. M., found her excited, pulse frequent and feeble, vagina hot and dry, as well dilated, occiput under the pubis, scalp excessively swollen, the whole cavity of the pelvis was filled by the fœtal head, preventing the proper application of the blades of the forceps. I applied a pair of narrow solid bladed (without fenestræ) forceps, and after some difficulty delivered her of a child live-born.

Rigidity of the os, with tense, thin, knife-like lips, I have noticed occur mostly in two classes of patients—one like the above—women who are no longer young; the other, primiparal illegitimate births. I think that mental emotions and the consequent nervous disturbance are among the main causes. The former look to labor as more painful and more dangerous, on account of their age—the latter besides the natural dread of women, have the shame and degradation of their situation. Acting on this opinion, I rely upon the calmative influence of profound sleep—from this the patient emerges more quiet, and the os is usually dilatable. And I know of no drug which produces sleep, save opium, I administer it in some of its preparations in full doses. Gelseminum, I have never found successful

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in these cases. In rigidity of the os with tumid lips and in abortions it has been of great use.

Yours very truly,

FORCEPS.

[It gives us great pleasure in being able to announce the continuation of the above correspondence in future numbers of the "Observer."]

LETTER FROM MISSOURI.

HANNIBAL, Jan. 19, 1869.

WM. TOD HELMUTH:

Dear Sir:—Bearing in mind my promise, I can only contribute indifferently to the "Observer" at present.

Diseases prevalent are strictly *catarrhal*—Influenza (epidemic) scarlatina simplex, and a few cases of intermittents. These disorders yield usually to ordinary remedies, as specially indicated.

During my practice here, many cases of *chronic enlargement* of the tonsils have come under my care for treatment. These patients during favorable weather and when the organism is in a general condition of health, complain but little from these enlarged glands—but a slight cold or any sudden change in the atmospheric conditions, induces an attack of acute tonsilitis; most of these cases end in suppuration of one or both tonsils. The remedies generally recommended have been used high and low, carefully selected with regard to the peculiarities of each case, and a careful comparison and research into the *materia medica* have alike failed to effect those decisive cures we so much delight in.

In *chronic cases*, Bell., Calc. c., Ignatia, Sulph. Lycopod, Merc., Causticum, Hepar sulph. have been persistently employed without any very apparent benefit. These remedies have generally been used high, say 30c to 200c. Has *anybody* ever cured chronic enlargement of these glands by medication alone? I forgot to say that Baryta carb, I never have tried. Am now prescribing it for several violent cases, and have given the same remedy to two other physicians to test. Will report if any good is derived from it. Am using 3 dec trituration.

W. D. FOSTER.

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Editorial.

NOTE.

In order to furnish facilities to those desiring to furnish more extended articles to the OBSERVER, we have increased the size of the periodical from 24 to 32 pages, and hope the movement will meet with the approval of the profession.

We take this opportunity of thanking our friends for the substantial interest they have already exhibited, and trust that they will continue to support our undertaking with a portion of their talents and time. Some valuable papers have, unavoidably, been left over until our next issue.

MEASUREMENTS OF THE HUMAN BODY.

The extent to which Life Insurance is now carried in this country, renders it almost obligatory on every physician to understand a few of the rules which should guide him in his examination. It is necessary to know what *disqualifies* and what merely *modifies* a risk; and especially is it of service to understand the normal weight, height and general appearance of the body; deviations from which being the data upon which the physician may state that a life is safely assurable, or the contrary. An item of interest in this relation here occurs to us, viz: the fees that physicians (we mean the family physician) receive for their services in this relation. Who is to pay—the company or the patient? There is scarcely a Life Insurance company which provides remuneration for the examination by the *family* physician, while they all have a regular fee for *their own* examining Surgeon. We contend that the certificate of the family Physician is of equal, and even of greater, import to the company than that of the examining Surgeon. The former has been acquainted, in most instances, with the family for years. He knows all the peculiarities and hereditary tendencies; he is aware, often, of circumstances which may have an important bearing upon the life of a patient which the Examining Surgeon cannot discover. He is decidedly a better judge as to the character of the risk than the physician of the company. Therefore we consider that each Association should make the requisite pecuniary provision for the family physician, which should certainly be equal with that of its own surgeon. It is scarcely fair to charge the patient for an examination that leads him to invest his money in a company; nor is it just that such examination should be made without

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remuneration. Therefore, it is our opinion that each company should look after its own interest, and gain the strict attention of the family Physician of every one who is insured, by establishing fair rates for the services rendered.

From a hand-book for "Medical examinations for Life Insurance," and other authorities, we have collected a few data which may be of service to those who are interested in this important matter.

In reference to height, it may be stated that about five feet and eight inches is the average in males, while females are proportionately less. It is also remarked that, as a rule, the height of those having been born and bred in cities, is generally less than those in the country.

Strange as it may appear, the fact is said to well be established, that very tall men have generally less muscular power, less respiratory activity, and greater liability to cardiac and pulmonary affections than those of medium height." With regard to *weight*, Dr. Brinton says: "As a rule it may be laid down that an adult male, in good health, sixty-six inches in stature, ought to weigh rather more than ten stone, or 140 pounds avoirdupois, and *for every* inch above and below this height we may respectively add and subtract five pounds."

The next item of importance is to ascertain the capacity of chest, and Brent lays down the following rules, supposing always that the measurement is made across the nipples.

Minimum chest—Half the stature, minus one-sixty-first of the stature, is equal to the circumference of the chest.

Medium chest—Half of the stature, *plus* one-fifteenth of the stature, is equal to the circumference of the chest.

Maximum chest—Two-thirds of the stature is equal to the circumference of the chest. Irrespective of heights, we may consider that the circumference of the chest *increases* exactly one inch for every ten pounds in weight.

We give here, also, a table, which will be of great service to the examiner.

HEIGHT.				WEIGHT.	MEDIUM CHEST.
Feet	inches.			pounds.	inches.
5	1	should	weigh	120	34.06
5	2	"	"	125	35.13
5	3	"	"	130	35.70
5	4	"	"	135	36.26
5	5	"	"	140	36.83
5	6	"	"	145	37.50
5	7	"	"	145	38.16
5	8	"	"	148	38.53
5	9	"	"	155	39.10
5	10	"	"	160	39.66
5	11	"	"	165	40.23
6	..	"	"	170	40.80

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These measurements are from Brent.

According to Hutchinson, the vital capacity, or the number of cubic inches of air which can be expired after a full inspiration, of a man 5 feet 6 inches, is 214 cubic inches. Between 5 and 6 feet, for every inch of stature, eight additional cubic inches of air at 60 deg. Fah. are given, out by a forced expiration after a full inspiration.

In the report of the Smithsonian Institute for 1866, page 370, Dr. E. H. Davis, of New York, has a paper on Ethnological research, in which he has translated the table of measurements by Scherzer and Schwartz, which are of the most accurate description. They are divided into, 1st. General observations; 2d. Measurements with the plummet and metre scale; 3d. Measurements with the calipers, and 4th. Measurements with the tape line; embracing, in all, seventy-eight distinct directions for ascertaining the correct proportions of the human body. The "canons of taste," or artists' measurements for beauty, should also be borne in mind, and the following is the scale, which is taken from an interesting paper on the subject, by Dr. D. G. Brinton: "The unit is the *length* of the nose measured vertically along its ala. Representing this unit by the symbol *X*, the artistic rules are:

4 *x*—The length of the head measured from the vertex to a line horizontal with the point of the chin.

8 *x*—The distance from the vertex to the level of the axillæ.

16 *x*—From the vertex to the level of the perineum.

31 *x*—From the vertex to the sole of the foot, or the *total height*.

8 *x*—The breadth across the shoulders.

6 *x*—The length of the arm from the acromion process to the humero-ulnar articulation.

5 *x*—The length of the forearm to the wrist joint.

3 *x*—The length of the hand.

Taking all these measurements together, they not only will have an important bearing upon Life Insurance, but to the military surgeon, the artist and the ethnologist, they are of the highest importance.

OUR JOURNALS, ETC.

THE MEDICAL INVESTIGATOR—January, 1869.—This journal bears impress throughout of determination to succeed, and lays before the profession a great deal of good reading matter. There is an excellent article from our friend Dr. C. W. Boyce, on "Our Societies, do they Pay." The Doctor has hit the right nail where Noah is supposed to have struck it,

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and we believe the article will be of service. There is one point more which it would be well to look after in society gatherings. Of late our views in these things have changed entirely in one particular point, viz: the giving of a public entertainment to the physicians in attendance. We are entirely opposed to such proceedings, and speak from experience. It takes from the society the local physicians of the city, town or village in which the meeting is held. It lays a tax (particularly in small communities) upon the purses of the physicians, and does not, in any manner add; in fact, in many cases it detracts from the actual mutual good of the meeting. If the money spent in banquets were appropriated to the publication of volumes of "*transactions*," much more service would be rendered to the physicians. Let the local societies, according to Dr. Boyce, attend to the conduct and "local jealousies" and local legislation; let the larger societies attend to the promulgation of scientific truths; let the local physician be as hospitable as they choose, but no banquet, no large supper, nothing of the sort. The members will all be more improved, and the profession at large benefitted.

THE ST. LOUIS MEDICAL AND SURGICAL JOURNAL is, so far as our observation extends, the best appearing Medical Journal of the day. Its typographical execution is certainly of most excellent character, and it always contains interesting matter to the scientific physician. Among the interesting papers to be found in the January number, are "A Case of Plastic Bronchitis," and and exhaustive article on "Tetanus," which is followed by "Artresia Vaginæ, operation and cure." Its "Bibliographical Notes" and extracts from current medical literature, are far better than we find in most medical journals.

THE MISSOURI DENTAL JOURNAL is a new publication, having for one of its assistant editors our friend Dr. Chase, of St. Louis, a most experienced dentist and skillful operator. This journal would be invaluable to most of our friends in the country who practice dentistry as a profession, or to those whom circumstances require occasionally to enter the dental arena. Any communications may be addressed to the Editor, Homer Judd, M.D., D.D.S., No. 523 Pine street, St. Louis.

THE HAHNEMANNIAN MONTHLY, for January, was noticed in our last issue. In a late editorial in this exchange we find the best sentiments expressed, and its title and its ending say, "LET US HAVE PEACE." We see the good already that has been done in Philadelphia. We see it expressed in the American *Journal of Materia Medica*, in which the Editor says: "We offer our right hand and concur entirely with the sentiments contained in the editorial—"*Let us have peace.*"

THE MONTHLY HOMŒOPATHIC REVIEW—London: December. It con-

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tains, among other interesting articles, an excellent paper on "The So-called Absurdities of Hahnemann," and soundly rates the *Lancet* for its ridiculous assertions. Another essay of importance is the continuance of a paper on the "Physiological Action and Therapeutical uses of Colocynth," by Archibald Reith, M.D., and is quite an excellent article. This journal has made for itself an elevated position in the literature of our school.

THE AMERICAN HOMŒOPATHIC OBSERVER. What shall we say of the enterprising Dr. Lodge and his valuable paper? Let any one take it and read of the illustrious names on the cover, and the popularity of the *American Homœopathic Observer* is fixed beyond a doubt. Its circulation is, we believe, more extensive than most of our periodicals, and the amount of reading matter it contains, from all sections of the country, is sure indication of its success and prosperity. We thank Dr. Lodge for his journal, and wish him every success.

WANT of space forbids us, in the present number, from noticing the other periodicals; these will be reserved for our next issue.

READERS OF THE OBSERVER will oblige the Editor if they will forward copies of local newspapers, or similar publications, from all parts of the country, which contain matters of importance to the profession. All such will be thankfully received and acknowledged.

PHYSICIANS having changed their location, or desiring to remove from one portion of the country to another, will please communicate with the Editor, that he may note the same in the columns of the *Observer*. Records of marriages and deaths of physicians will also be received and noticed.

FROM this date all exchanges, books and pamphlets for review and comment must be addressed to the Editor. By so doing much time will be saved and more speedy attention given to them.

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OBITUARY NOTICE.

DR. WILLIAM FLEISCHMANN.

Little did we think, while conversing with Dr. Fleischmann, in his consulting room in Vienna, in the latter part of September last, that a few weeks would number him with the departed great men of the Homœopathic school.

His gentleness of manner and kindness; his great desire to understand the progress of Homœopathy in America; his firm conviction in its final employment all over the known world, only tended to impress upon our mind, the great interest that he felt in that system of medicine for which he had labored through the whole course of his active professional life.

Among the services rendered to Homœopathy by Dr. Fleischmann, were the removal of the restrictions laid upon the practice in 1819 by the Austrain Empire—and in 1835 the thorough introduction of Homœopathic principles into the Hospital of the Sisters of Charity at Gumpendorf. In 1836 he made his celebrated report upon the treatment of cholera.

For thirty-three years Dr. Fleischmann has been the physician to this Hospital, and has not only endeared himself both to patients, nurses and all connected with the Charity, but has made it a school where many of our most eminent men have acquired knowledge of the principles and practice of homœopathy.

He also was one of a commission appointed by the Imperial goverment to inquire into the propriety of Homœopathic physicians dispensing their own medicines, and was successful in obtaining the desired privilege.

In 1860 he was decorated with the order of Franz-Joseph by the Emperor of Austria, he was honored by the Pope in the bestowal of the order of Gregory, and received tokens of distinction from Bavaria, Saxony and Prussia.

He died on the 23 November at Vienna, in the 70th year of his age. In his death the Homœopathic Physicians of the world have sustained a severe loss.

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OPENINGS FOR PHYSICIANS IN THE STATE OF MISSOURI.

Savannah, Andrew county, Mo., on Platte Valley Railroad, population of twenty-five hundred.

Plattsburg, Clinton county, population of county town, eighteen hundred.

Cameron, Clinton county, Mo., H. & St. Joe and C. & Kansas City Railroads, population two thousand.

Gallatin, Davies county, population of county, town fifteen hundred, including a large number of Homœopaths.

Carrollton, Carroll county, on North Missouri Railroad, county town, population two thousand.

Kirksville, Adair county, on North Missouri Railroad, county town, population two thousand.

Alexandria, Clarke county, on Alexandria and Macon Railroad, and Mississippi and DesMoines rivers, population eighteen hundred, is a large pork packing town.

LaGrange, Lewis county, Mississippi river, population fifteen hundred, is a distilling town.

Palmyra, Marion county, on Hannibal and St. Joe Railroad, and Quincy and Palmyra Railroad, county town; population eighteen hundred.

Paris, Monroe county, on Hannibal and Moberly Railroad, and Quincy and Palmyra Railroad branch, county town; population two thousand, people very rich.

Moberly. Randolph county, on Hannibal and Moberly Railroad, county town; population one thousand, and increasing rapidly.

Glasgow, Howard county, on Missouri river, population twenty-five hundred; people very rich, large manufacturing town.

Columbia, Boone county, on Boone county Railroad, county town; population three thousand, town growing rapidly, State University, people rich, large number of Homœopathists.

Louisiana, Pike county, on Mississippi river, three Railroads building; county town; population four thousand, a large manufacturing town.

Carmi, White county, Ill., it is the county town, and is situated on the Little Wabash river, and on the line of the Vincennes and Cairo Railroad, which is now under construction.

ANSWERS TO CORRESPONDENTS.

Dr. S. *New York.* Your contribution is received but cannot appear in the columns of our paper. It is our constant effort to promote unity of feeling, and personalities *will not be allowed in the "Observer."* Your communication is well written, but for heavens sake! waste not your talents

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in abusing your professional brethren—write us an article on any subject appertaining to medicine and we shall be happy to give it publicity, the one you have sent us goes in the waste basket forthwith.

DR. B. *Maryland.* Your letter appears in this number—give us another of the same kind as you promised.

DR. D. *Illinois.* Don't forget the tampons, and your improvement.

DR. M. *Kansas.* Your letter was received. We are waiting for further developements before steps are taken.

DR. T. *Boston.* We hope that "the future prospects" of our paper are good. We have already received several commendatory letters, and communications.

DR. H. *Illinois.* Your note gives us pleasure, we shall look for the "Phytolacca cases."

DR. J. *Illinois.* Would you prefer proof being sent of your articles? Any items of interest will be very gladly received.

DR. D. *Wisconsin.* Upon further reading we have headed the paper as you see, and hope, (as it was left discretionary with us) that it will meet your approval.

DR. P. *Michigan.* Your document is received, and it—or rather extracts from it,—will appear in the March number.

DR. K. *New York.* The clinical cases will appear in March; any further experience regarding the action of *Gelseminum* will be of service to the profession.

Dr. W. *Illinois.* The price of Banning's Mechanical Pathology and Therapeutics reviewed in our last number is $4, and is for sale now at Luyties' Homœopathic Pharmacy.

Dr. H. *Missouri.* In Sedalia there is a Homœopathic physician who has only been there about a month, but as the place is large and growing with present population estimated at 8000 there is room for others and in our opinion with very fair prospects.

Dr. R. *Illinois.* Iacaranda Cor. is now used successfully in Siphylis since it was recommended in the German Journals. It was difficult to procure the lower protencies of the drug but now they may be had from the first.

Dr. H. *Iowa.* Your contributions will be very welcome.

Dr. C. *Texas.* We have answered your inquiries by mail—if you desire to do anything in the matter, please write at once.

Dr. W. *Iowa.* The transactions of the New York State Hom. Society are difficult to procure. Of the 2nd vol., a number of copies are on hand, which will be furnished *gratuitously to the subscribers of the Observer.*

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BOOKS AND PAMPHLETS RECEIVED.

The "British Journal of Homœopathy."

The "Anatomical Basis of Homœopathy," by WM. SHARP, M. D., F. R. S., London. Review in our next.

Motion for Mandamus to the Supreme Court of Michigan; The people ex rel., WM. L. STOUGHTON, Attorney General; vs. The Regents of the University of Michigan.

The "Monthly Homœopathic Review," London.

The "United States Medical and Surgical Journal," Chicago.

The "Homœopathic World," London.

The "Medical Investigator," Chicago.

The "Hahnemannian Monthly," Philadelphia.

The "American Journal of Homœopathic Materia Medica," Philadelphia.

The "American Homœopathic Observer," Detroit, Mich.

The "Monthly Homœopathic Independent," for December and January, St. Louis, Mo.

The "Homœopathic Sun," New York.

The "Homœopathic Qnarterly," Buffalo, N. Y. [First number received, will be noticed in our next issue.]

"Medical and Surgical Reporter," Philadelphia.

"Missouri Dental Journal."

"Allgemeine Homœopathische Zeitung."

"Hirschel's dito Klinik."

"Lutze's Fliegende Blætter."

Miscellany.

TWO HUNDRED DOLLAR DOCTORS.

Henry Ward Beecher thus discourses about doctors:

"Nothing is more needful than a reform in our medical schools. Only think of dragging students through two or three years of lectures and study to do what can be done for them in three months. Read the following genuine letter and see what a man can do:

"'DEAR SIR: I take the liberty of writing to you to inquire if

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you know anything of Professor —— of the —— Medical University. I wrote to Professor ——, asking him his terms, and he has replied, telling me that he can fit me for the practice of medidine in three months—charge $200. I desire to study medicine that I may be enabled to lessen some of the suffering that I see about me, and as there is no one in New York whom I know personally, I thought I would write and ask you whether I can depend upon what Mr. —— has written me, and if the graduates of the —— Medical University are able successfully to practice the profession of medicine. I will feel deeply indebted to you for any information relative to the above.'"

This school, or University, as it is styled, is too obscure. A man who can, in three months time, qualify a novitiate to practice medicine, ought not to hide his light, as Professor —— does. Who is he? Where has he studied? What is this surely divine art of teaching? Can we not overcome the modesty of this genius and send to him the thousands of medical students that are now spending two or three years in this expensive city under prosy Prefessors, who do not dream of turning out a complete practitioner in medicine in less than six or eight years.

"There are eccentric and somewhat out-of-fashion doctors, who pretend that there ought to be some regard to moral principle in medical practice; to whatever school a man belongs, they hold that he should become thoroughly acqnainted with the whole human system—with its laws and functions, with its morbid as well as normal conditions; that he should be familiar with the whole range of material agents, and with the results of the largest and widest experience in the use of them; that he should study, with minute care and diligence, questions of temperament. habit, constitution, and, in short, that he should include an amount of knowledge of which the merest elements could not be gained in less than three years.

"If you wish to be such a doctor, you had better give a wide berth to such fellows as Professor ——, and betake yourself to established medical institutions; and make up your mind that it will require more than three months, or three years, to make a doctor unto life. A doctor unto death can be fitted up in far less time.

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THE

Western Homœopathic Observer.

MARCH, 1869.

Original Articles.

MEDICINE.

INTERESTING CASES FROM PRACTICE.

BY L. M. KENYON, BUFFALO, NEW YORK.

Dr. A., aged about seventy years, was actively engaged in a large country practice for more than forty years, as an Allopath; some three or four years ago he became convinced that there was "a better way," and, as he says, "having long been tired of guessing, yet feeling too old to begin a new system of practice, he gave up his business entirely." In July last, he called and gave me the following history of his case:

Some ten years since, whenever he had eaten more heartily than usual of meat, he would experience a dull, aching pain in the right hypochondrium, frequently followed by some nausea and bilious stool. This condition gradually increased upon him, until he was obliged, several years ago, to abandon the use of meat entirely, or endure the agonies of a bilious colic as the penalty of each offense—indeed, he says, one single

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mouthful of very tender steak has produced that result. Six years ago, he first noticed an irritable condition of the bladder; would occasionally be obliged to get up in the night to urinate. This increased very rapidly; so, that, in a few months, he was obliged to rise four to six times every night; and he found an involuntary dribbling of urine when on his feet, constantly; at present he is obliged to wear a urinal all the time. Seldom sleeps beyond an hour, without being obliged to rise and empty the bladder. In every other respect, he considers himself in perfect health.

I requested time to look the case over thoroughly; but gave him one dose of *Conium Mac.* 200. I did not see him for a week, when he called, and said that I need not trouble myself about his case, for he thought the one dose was going to cure him: he could retain his urine two to three hours with very little inconvenience, and last night was up only twice. I gave him no medicine. Some five days after, he said he thought he was losing ground, and I gave him *Conium* 3000. From this time, he went on improving, and in four weeks reports the unrinary trouble entirely removed; has dispensed with his urinal; does not get up at night at all, and retains his urine as long without trouble as he ever did. November 3d, Dr. A. called, saying their was slight return: he was obliged to get up once, and last night twice; no new features. Gave *Conium* 70,000 (Fincke's) one dose; and from that time to this (January 30) there has not been the slightest indication of trouble; and, further, he says he can now eat meat freely, with no fear of his old enemy, the bilious colic.

Case 2. Mrs. O., aged twenty-six years; married five years; never been pregnant; says she has had menstrual colic since about one year after her first menstruation, which was at fifteen years old; never had any treatment, except domestic, until since her marriage; since then has been under the constant care of one of our best Allopathic physicians; says she has been operated upon by incision twice, and wore a sponge dilator month after month. She describes the pain as the most excrutiating neuralgic, all through the lower portion of the abdomen, with pressing, as though the entire contents of the

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abdomen would be forced into the world. This lasts twenty-four hours, before there is any flow at all; then comes a very dark, thick, tar-like discharge, scanty, which lasts two days, the pain still continuing in all its severity; then a little bright red blood, which coagulates; and, at the end of four or five days, she begins to experience relief. The periods used to recur only at the proper time; but, within the last three years, they have gradually been growing shorter, until now they return every sixteen to twenty days. As she expected the return in four days, I gave her *Crocus Sativ* 200 one dose a day, until that time, requesting to be sent for then. Ten days after, was called (October 30, '68.) She was not suffering as much as usual; the flow came on before the pain; was not as dark and thick; and the most urgent symptom was the crowding pressure toward the vulva, which was materially relieved by *Bell.* 200, every three or four hours. I found the moral symptoms so well described by *Crocus*, viz., an uneasy, gloomy feeling, with frequent fits of immoderate laughter, that I continued *Crocus* 200, a dose every third day during the next interval. November 27th, menstruation appeared quite healthy and natural; no pain at all. December 24th, no recurrence of bad symptoms, and she calls herself cured.

Case 3. Mrs. R., aged seventy-six years, a native of Scotland, called to see her in January, 1868. She says she never was sick an hour in her life (except at the birth of her children) until about one year ago, when she had an attack of what her physician called neuralgia of the bowels, which lasted four or five hours; the same thing recurred at intervals of ten or twelve weeks; then grew more frequent, until the suffering was an every-day thing; now the pains come on every day at three o'clock, P. M., lasting until about twelve, midnight, when she sleeps until nearly or quite noon. Her physician (Allopathic), she says, has tried everything he could think of, with no great amount of relief; the most has been obtained from McMunn's *Elixir of Opium*, which she takes constantly, and in large doses. She is obliged to take cathartics every other day; eats but little, except cracked wheat and oatmeal. I found her with severe pain, commencing in the umbilical region, and extending

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from that point all through the bowels in every direction, pains cutting and lancinating in character, in paroxysms of three to five minutes; then a little moderation, for a few minutes, to recur again; slight nausea, but no vomiting; abdomen tender to severe pressure; no fullness; tongue slightly white; no fever. Calling to mind a case related by Dr. Hempel, in a foot note under *Ipecac*, in the Symptomen Codex, I determined to give it. I gave a dose of *Ipecac* 200, and was soon gratified to find her more quiet. The next day I learned the paroxysm was diminished in duration and severity more than one-half. She received no more medicine for four days, when, in consequence of an increase of pain, I gave a dose of *Ipecac* 1000, and there was no more return, and has not been to this time—now one year.

I was more than astonished at the results in this case, from the fact that, up to within an hour of taking the first dose of *Ipecac*, she had for six months been constantly under the influence of *Opium*, in some form; and that, after the second dose of the remedy, the bowels resumed a healthy action, and continued so.

Case 4. Henry W., aged ten years, after a very mild attack of typhoid fever, of some four weeks, and after he was dressed and walking about the house, was taken, at seven o'clock, A. M., with profuse diarrhœa of brown water; each morning, at the same hour, it returned, having four to six profuse stools before ten o'clock, A. M., when it would cease until next morning. There was nothing in his diet to account for it; the tongue did not appear coated; no thirst, but considerable flatulence. *Arsenicium*, *China*, and other remedies, were tried in various potencies, with no result. The same thing occurred every morning, with no other perceptible effect than weakening him very much. After eight days, I gave him a dose of *Apis. Mel.* 200 at bedtime, and another at five o'clock, A. M., and there was no more diarrhœa. After three days, the stool was natural.

I presume I am not alone among physicians of our school, in having been exceedingly annoyed and perplexed with cases of gonorrhœa suppressed by the improper use of injections, and with the obstinacy with which the results of such suppression will frequently resist treatment. Latterly, I have been more suc-

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cessful with such cases, and will notice two or three cases which will show in what manner. Mr. R. called for a prescription for intermittent fever (chills and fever mixed up together), exceedingly cold extremities, with heat of head and face, recurring every night at ten o'clock; these were about the only symptoms I could elicit. I gave him *Gelseminum Tincture*, one drop every two hours. Three days after, he came again, saying: "How is this? My chills and fever are gone; but I had gonorrhœa two weeks ago, which Dr. —— cured with injections, and it has come back as bad as ever." He averred there had been no new infection; in fact, I was satisfied so free a discharge could not have come from that cause in this length of time. *Mercurius Cor.* cured the trouble in a few days.

Mr. L. applied to me in December to cure him of a bad nasal catarrh, which, he said, had come on within the last four weeks; there was considerable pain in forehead; some heat, and a sensation constantly, as of something pressing on the nose between the eyes. The discharge was thick and heavy, slightly tinged with green, very disagreeable taste, but not very offensive to smell. I gave him several prescriptions, with no relief, and he, as well as myself, were feeling somewhat discouraged, when he told me that last July he contracted a gonorrhœa, which had been treated unsuccessfully, until just before this catarrh began. A strong injection of something, "which nearly killed him," had suddenly cured it; and he had not felt as well since, and wondered if the Doctor could have used anything that could poison his system. Feeling sure that I now had a key-note, and remembering the last case, I gave him at once *Gelseminum Tincture* in the same manner. In two days after, he came, saying his catarrh was very much better, but the clap was worse than ever; and, certainly, the discharge was enormous. I have never seen anything like it. I continued the remedy one-tenth, in drop doses, for a week, when the catarrh was quite cured, and the discharge had gradually diminished after the second day, until now it seemed to be at a stand-still. It is but slight and green in color. I now gave him three doses *Pulsatilla* 16,000, which completed the cure in a few days.

Mr. T. called me December 20; found him in midst of a severe

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chill of intermittent fever, which he has had at intervals since serving in the Chickahominy swamps in 1862, and for which he has always taken quinine. In the evening, was sent for again, and found him with violent pain in left ankle and foot, especially through the instep, with considerable redness, but not much swelling; exceedingly sore; violent fever; pulse 140 and sharp; tongue very dry; considerable pain in back of head and left shoulder, with some pain in left wrist. He then told me that he had had gonorrhœa for two weeks, and the glands in the groin were considerably swollen; had been taking mercurials, and, two days previous to this, a druggist had used an injection of *Per Manganate of Potash*, which entirely stopped the running in six hours. I found the prepuce enormously swollen, the glans very red and inflamed, and the orifice of the urethra dry and hot; since the injection he has had intense pain and burning on urinating. I gave him *Gelseminum Tincture* two drops every hour, and, in the morning, found the gonorrhœa re-established in full bloom, and all other symptoms correspondingly improved. Two days after, his rheumatism was well, and he had no more chills and fever. *Sulphur* 6000 soon cured the gonorrhœa.

In no instance where the discharge has been re-established by *Gelseminum*, has there been the slightest burning or scalding while urinating, nor any disposition to pass into a condition of gleet.

PHYTOLACCA IN DISEASES OF THE SKIN.

BY E. M. HALE, M. D., CHICAGO, ILL.

Those who have used *Phytolacca* extensively in some of the severer skin diseases of a chronic character, will not be surprised at the assertion that, in such affections, it ranks with *Arrenicum*, *Mercurius* and *Iodide of Potassa*. The following cases are selected as examples of the curative power of *Phytolacca:*

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Case I. Lupus Serpiginosa.—A middle-aged woman came to me with two-thirds of her face covered with unsightly disease. It had lasted nearly two years, commencing its ravages near the outer angle of the right eye. She had been under Allopathic and Homœopathic treatment, with but little if any benefit.

Prescription—*Phytolacca*, one-tenth dil., x. drops, four times a day; an application night and morning of *Phytolacca Cerate.*

In two weeks improvement was manifested, and at this date (three months after the first prescription) the disease does not progress. The face, however, has the appearance of having been deeply scarred by fire.

No pathogenic symptoms were evolved by the long continuance; on the contrary, the patient gained constantly in health and strength during all the treatment. I do not think we can expect pathogenic effects under such circumstances. The medicine spends all its action in the direction of the curative effect.

Case II. Porrigo Capitis.—A boy, twelve years old, whose father had syphilis, was affected, from a few months after birth, with this loathsome disorder. The whole upper portion of the scalp was covered with the peculiar yellowish green moist and fœtid crusts. The hair had fallen from the diseased portion, giving the head the appearance of a shaven monk. The boy's general health was good. It is probable that the syphilitic miasm had some influence in the causation or perpetuation of the malady.

My first impulse was to use a lotion of *Sulphite of Soda* or *Carbolic Acid*, to destroy the "parasitical fungi." I remembered the remark of Neligan, that "they require for their reproduction, to be planted in a peculiar soil; that is, on an individual whose system is in a peculiar condition;" in other words, the patient has a psoric diathesis, or has some cachexia lurking in the system, which affords a condition favorable to the propagation of the parasite. I resolved to test the value of *Phytolacca*, which resembles so much, in its action, *Arsenic* and *Iodine*, both of which are most powerful against this disease.

Phytolocca, one:tenth dil., v. drops, every four hours, and *Phytolacca Cerate* to be applied to the diseased scalp, morning

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and night, after it had been cleared of the crusts by the application of a flaxseed poultice.

In a week there was a decided improvement; in a month only a few pustules were visible; and, at the end of two months, the cure was perfected. The scalp is left nearly bald, and it is doubtful if a new crop of hair will appear, as the hair bulbs are probably destroyed.

No pathogenetic symptoms appeared in this case.

FOREIGN.

IMPORTANT NOTES FROM FOREIGN JOURNALS.

Translated expressly for the Western Homœopathic Observer.

BY C. A. JAEGER, OF ELGIN, ILL.

Ulcus Ventriculi—Affection of the Knee—Insufficiency of the Mitral Valve—Chorea—Homœopathic Hospital at Leipsic.

ULCUS VENTRICULI.

A young lady, twenty-six years of age, suffered for six weeks from violent pain in stomach; pain is cutting—at times piercing; starts from a certain point and branches out to the back and the abdomen; the attacks occur when the stomach is empty, as well as after eating, and especially after eating vegetables—beans, peas, etc., and also after acid food. The patient has passed many sleepless nights during this time; she has poor appetite; complains of some eructations and obstinate constipation, vomiting of food, and acid fluid will occur every few days. During an attack about a week ago, she vomited a little blood. There is a sense of pressure in epigastrium, *a circumscribed spot*, which is very sensitive, and she denotes this spot as that from whence the pain proceeds. Otherwise, the patient is well. Had Allopathic treatment for three weeks,

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without benefit. Her physician informed her she had an ulcder on the stomach.

Nux Vom., 2d dil., gtt. III. every evening, arrested the vomiting; the stools became more regular, and the attacks of pain less frequent, but their severity not diminished.

Ars., 3d dil., a dose every morning, for two weeks, but had little effect on the pain. *Baryta Carb.*, III., every other morning a dose, removed the pain entirely, and the patient was cured in four weeks. Three months after the treatment, no symptoms of the affection were manifested.

KALI CARB. IN AFFECTIONS OF THE KNEE.

Goullon, in the *Kl. Ztg.*, says that *Kali Carb.* is a specific in certain sub-acute affections of the knee-joint, when it is difficult for the patient to walk up and down steps. There are no objective signs of inflammation, and it cannot be ascertained whether the seat of the affection is in the ligaments, the muscles, or aponeurosis of the joint.

SENEGA IN CHRONIC CATARRH OF THE BLADDER.

Senega—a most valuable remedy in chronic catarrh of the bladder, as well as in the sub-acute form, when there is frequent desire to urinate, and burning during the act of micturition; also, burning in the urethra previous and after urinating; urine loaded with mucous flecks. GOULLON.

INSUFFICIENCY OF THE VALVULA MITRALIS.

A lad, aged eleven years, had scarlet fever about a year ago, and soon thereafter a slight attack of arthritis; since that time the symptoms, for which the parents now ask advice, made their appearance, and continued gradually to increase. The boy is very pale and looks miserably, complaining of shortness of breathing and palpitation of the heart, whenever he exerts himself more than usual. At times he has headache, with vertigo. He has constant cough, with considerable mucous expectoration. The appetite is good and stools regular, although for the past six months there has been a tendency to diarrhœa. The patient is much exhausted. A physical examination confirmed the diagnosis of insufficiency of the mitral valve, with

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hypertrophy and dilatation of the right ventricle. Bronchial catarrh of both sides is also present.

The patient was ordered a plain but nutritious diet, and was advised to drink freely of fresh milk daily, and to avoid all excitement, exhaustion and muscular exertion. *Digitalis* III., a dose morning and evening, was given for some time, without beneficial result. *Arsen.*, 4th dil., for a while, followed by *Ferr. Mur.*, 2d, were given. The patient improved somewhat under these remedies; the dyspnœa and cough were considerably improved, and his general appearance had much augmented but the physical signs of the heart remained the same *Digitalis*, 2d dil., was now ordered, and followed with the fifteenth dilution, in five-drop doses, every morning and evening, which was continued for two and a half months. The patient improved rapidly, and recovered entirely. The treatment was commenced on January 4th, 1867, and continued until June 9th, and the patient is at the time of writing (October, 1868,) a healthy lad.—[Polle Klin. Ztg.

CHOREA.

This case occurred in a school-girl, eleven years of age. After she had been punished at school, she considered herself disgraced to such a degree, that, being of a very nervous temperament and easily irritated, she exhibited almost uncontrollable anger. She informed her parents of her punishment, relating the circumstances in a very peculiar and hurried manner, and showing quite a change in her action and gesticulation, etc. From that period there was restlessness, frequent crying without cause, refusal to eat, with twitchings in fingers, picking at surrounding objects, and other symptoms of a high degree of nervous excitement. At the time of Dr. B.'s visit, she acted in a most singular manner; would not answer any of his questions; looked at him with a vacant and dull expression. At times she would cry violently, and then suddenly smile, which was followed again by a dull look. She felt especially low-spirited when, in her hearing, her friends spoke of her condition, which she fully realized. The Allopathic treatment, which was followed about ten days, produced no benefit, when

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Dr. B. prescribed *Hyos.*, 2d dil, a dose morning and night, and continued the treatment for four months, after which she was discharged, *cured* and able to attend her school. There was no return of the affection a year after.—[Billig. Hom. Klin. Ztg.

HOMŒOPATHIC HOSPITAL IN LEIPSIC.

Up to January 1st, 1869, there have been contributed for the above hospital 1700 thalers. It may be mentioned here, that quite a large amount of this sum has deen contributed by the laity, and friends of Homœopathy generally. Amongst the donors, we find, also, a few names *from* the United States

KAFKA'S THERAPIA.

Kafka's Therapia will soon be completed—the last number of this great work will appear on the 15th of January. Many of our Homœopathic physicians are looking with great interest for its arrival on this side of the Atlantic.

TAKES IT BACK.

The last number of the Vienna Med. Gazette takes back what it said, in regard to the banishment of Homœopaths and the prohibition of Homœopathy in Russia. The chickens have come home to roost.

Surgery.

OVARIAN CYSTIC TUMOUR.

BY FRANCIS BLACK, M. D.

An unmarried lady, æt. 32, with dark hair and healthy appearance, has suffered since the 23d Jnly, 1867, from severe cutting pains in the hypogastrium, but they became more severe on the 19th, when I was consulted. The patient has hitherto enjoyed good health, and, with the exception of a

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tendency to severe headache in the temples, attended by great intolerance of light and sound, the general health has been good, and there have been no signs of disorder of the uterine functions.

She has prescribed *Puls.* for herself, and thinks it has much diminished the headache.

July 29th.—She complains of sharp cutting pains, which sometimes are most agonizing, felt principally in hypogastrium and towards right iliac region. The pains are much increased by walking; there is slight tenderness on pressure over right iliac region, and towards the groin. The abdomen is much distended by flatulence, but above the pubis and to the right side there is a suspicion of swelling, as if bladder were over distended; bowels costive; urine scanty and high-colored; no appetite; tongue furred; pulse normal.

From 29th July to 10th August the remedies given were *Bry.*, *Bell.*, *Merc.* Frequent hot sitz-baths were taken, and hot poultices applied to the abdomen. The pain gradually subsided, recurring, however, in short paroxysms from time to time: the flatulent distension disappeared, and then the suspicions of tumour were fully confirmed. A smooth tumour, of the size and shape of a cocoa-nut, can be felt low in the hypogastric, and right iliac region. The tumor is now slightly tender when pressed, but palpation gives no evidence of liquid contents.

August 14th.—Pain and tenderness have now disappeared; the tumour is evident to the sight; and the patient states that, since April, 1867, she has noticed an increased size of her bowels. *Graph.* 3 two grains every evening.

19th.—The attempt to pack a trunk has caused a return of intense pains in the right iliac region, extending through the bowels and to the loins. *Bell.* 1 was first given, and this failing to relieve, *Conium* in frequent doses was prescribed, with good results.

September 23d.—The tumor has now attained a large size; it feels smooth and tense; is slightly tender when pressed; and there is indistinct fluctuation.

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The abdomen, measured round in a line with iliac crests, is thirty-six inches,

The urine is scanty, and there are frequent painful calls to pass it. *Bromide of Potassium*, gr. xii.; *Aq. Dest.* ʒvi.

A dessert-spoonful to be taken three times a day in a wine-glassful of water.

A tepid sitz-bath, in which is dissolved a teaspoonful of *Brom. Pot.*, to be used every forenoon, and during the day an abdominal compress, soaked in a similar solution, to be worn.

This treatment was steadily followed, with from time to time a few days' interruption, until the end of February, when it was discontinued.

During October and November there were now and then threatenings of attacks of ovarian pain, which were speedily relieved by *Con. M.* By the end of October there was evident dimunition of the tumour: this dimunition steadily continued; so that, by the end of February, 1868, the swelling was scarcely to be discovered, and by April it had entirely disappeared A careful examination on the 30th of May gave the same results, and another made in August afforded no trace whatever of tumour, the measurement of abdomen, taken in a line with crests of ilium, being twenty-six inches, showing a dimunition of ten inches. It does not appear necessary to discuss the nature of this case; for, though ovarian tumours do sometimes present great difficulties in determining their seat and character, yet in this instance all the circumstances facilitated the diagnosis. The course of the tumour from its commencement, throughout its growth, and its decrease, was easily traced. The absence of all disturbing points, such as pregnancy, disease of the womb, liver, and bowels, coupled with an indistinct fluctuation, left no doubt in my mind as to the existence of an ovarian cystic tumour, probably unilocular. In coming to this conclusion, I was quite aware of the existence of simulated tumours, which have led even to the serious blunder of performing ovariotomy where no actual tumour existed. It was such a mislake in the hands of Lizars (1823) which led Liston to apply the term belly-ripping to the operation. But, in my patient's case, the course of the tumour so precluded this pos-

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sible errorr in diagnosis, that I did not deem it necessary to use Sir J. Simpson's simple test—the inhalation of chloroform, under which such phantom tumours suddenly disappear.

When the nature of the case was explained, the patient and her family naturally became alarmed; and soon the question was raised, ought so serious a case to be left under Homœopathic treatment; or, as was urged by some of the friends, ought the patient to be placed under an eminent surgeon in London, who has deservedly gained reputation in performing ovariotomy? The patient's choice was influenced by a fatal result in the case of a young lady, æt. nineteen, her neighbor, who had not long before submitted to this operation, so that she was inclined to follow the advice I gave her, to this effect:

"I cannot hold out any hope of cure; I have occasionally treated ovarian tumours, but only in a cursory way; I have never cured any, but whether owing to treatment or to natural results, I have known such diseases exist for years without much disturbing the health, while others again have rapidly shortened and harassed the patient's life. As long as your tumour does not rapidly increase, and your general health does not suffer, resist all surgical interference."

The patient gladly accepted this advice, and she was willing to submit to a medical experiment.

In fixing on the medicines my argument was this. I have found various remedies, such as *Bry.*, *Bell.*, *Con.*, *Graph.*, *Plat.*, *Puls.*, *Sep.*, *Iodide of Merc.*, useful in inflammatory and functional diseases of the ovary; why may they not be beneficial in removing that peculiar morbid nutrition which permits the Graafian follicules to become enlarged, hypertrophied, and dropsical? There seems nothing impossible in this, but my experience had been nugatory, and Homœopathic clinical records throw little light on the subject; so I resolved to make this experiment with a new remedy. In selecting the *Bromide of Potassium*, I had no true indications; it is known to produce anæsthesia of the sexual organs, and the efficacy of the Kneuznach waters in discussing fibrous tumours of the uterus is attributed to the presence of this salt.* Shortly after com-

* Nearly as much as is known of the physiological action of *Bromide of Potassium* is given by Dr. Hughes in this number of the Journal, p. 10. In this extract, Dr. Victor

mencing this remedy, the tumour gradually diminished, and in six months it had entirely disappeared. No apparent physiological action of the remedy was manifested, unless it was an increased flow of urine, which previously was scanty.

Was recovery in this case dependent or independent of the *Bromide of Potassium?* I have as yet met with only one other successful case, which has just been published in the November number of the *Edinburgh Monthly Journal.* In this interesting case, the tumour was so large as to necessitate tapping. If, in the natural history of such cystic tumours, it is very rare to find one which has gained any size disappear without surgical interference, so is it as rare to find the fluid cease to collect after tapping; on the contrary, this operation, by removing pressure, appears to stimulate the serous secretion. The disappearance of the tumour after tapping is strong presumptive evidence of the therapeutic virtue of the *Bromide.* From the time this remedy was administered diminution of size commenced; then after some months the *Bromide* had to be suspended, owing to an attack of gastritis, when the tumour, which had been reduced to a small compass, gradually regained the same size as previous to the tapping, and even caused the impression that the operation must be again performed. But, under the action of increased doses of the *Bromide of Potassium,* the tumour again gradually diminished; the pain ceased; the general health improved, and at last the tumour wholly disappeared. An examination per rectum discovered the existence of a small excrescence on the left ovary, the shrivelled remains of the ovarian cyst.

These two cases may fairly be considered as probable instances of the therapeutic virtues of *Bromide of Potassium.* The difference of dose in the two cases is marked. I administered for months one grain three times a day, in addition to the medicated sitz-bath and bandage, while Dr. Miller gave five grains three times a day for two months, and then increased the dose to fifteen grains, with the curious result that the con-

Bazire says: "In no case have I yet seen delirium or hallucinations;" but Mr. Catell, *Brit. J. of Hom.*, vol. xi., p. 344 reports dull headache, peculiar stupor, and irrisistible tendency to sleep, interrupted by a strange kind of delirium, differing from that of other narcotics; stupid incoherence, as in idiocy, with occasional hallucinations.

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stant nausea excited by the five-grain dose disappeared under the use of the larger. It is to be hoped that future trials of *Bromide of Potassium* may remove the general discouragement which exists in the profession as to the utility of any remedy in ovarian dropsy.

I give in a note the only cases I can find of ovarian cysts treated by Homœopathic remedies.*

From the comparative success of ovariotomy at the present time, it is to be feared that the probabilities of medical treatment being useful will be more than ever overlooked, and cases in their early stage be subjected to operation.

It is very difficult to get an accurate return of the natural termination of ovarian cysts. The process of growth varies greatly—sometimes it is slow, hardly observable, then rapid increase may take place. This again may, for longer or shorter periods be arrested, and in some instances not shortening life; but more frequently great increase takes place, torturing the patient and causing death. Sometimes, though very rarely, the cyst ruptures into the rectum or peritoneum, sometimes killing the patient, and in other instances leading to cure. The tendency to cyst formations is often temporary, apparently

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* Dr. Craig reports a case of unilocular ovarian cyst, in a patient æt. seventy-four, where he tapped for the third time; after this operation Dr. Irvine treated the case Homœopathically; no remidies named. The disease did not return to an extent to cause discomfort, and she lived eight years and died from senile decay. The post mortem revealed a unilocular cyst containing three pints of fluid, and attached by a small pedicle to the left ovary.—[Brit. J. of Hom., vol. xviii., 1860.

He mentions another case of gradually increasing ovarian tumour in a woman æt. twenty-five. After eight months of unsuccessful treatment (he names no remedies), Dr. Craig, in December, 1852, tapped the tumour and drew off fourteen pints of fluid. The abdomen was kept well bound up, and she took *Apis* for four months. In October, 1857, the swelling had again become uncomfortably large; eleven pints of fluid were withdrawn, and *Apis* given for a length of time. In 1858 she married; she has had no children, and in 1860 there was no trace of the tumour.

He reports another case in a patient æt. thirty-six, which he tapped four times in two years, giving *Apis* after each operation; she at last became so exhausted that he declined to operate a fifth time; she died shortly after. In this case the tumour had existed thirteen years.

Dr. Hirsch, of Prague, reports a case of ovarian cyst which had increased so much as to injure the health of the patient. He at first gave *Can. Sat.*, with relief to the dyspnœa, cough, and scanty urine, etc., but no marked diminution of the tumour was apparent. He then prescribed the iodine mineral waters of Hall, in doses which he estimated to contain the forty-eighth of a grain of *Iodine*. In fourteen days the tumour was less, and in four weeks it had nearly disappeared. A short residence in the country completed the cure, and four years had elapsed without any return of the tumour.—[Brit. J. of Hom., vol. xx., 1862, extracted from Meyer's Allgemine Homoopathische Zeitung, May, 1862.

Dr. Edward Philips reports a case of ovarian disease where there was a tumour the size of a hand, with sharp, shooting pains, and great swelling of the abdomen. There was here great general and uterine disturbance. *China* and *Nux* were the remedies given, and with great and speedy benefit. Soon the abdominal swelling disappeared, and the swelling could not be distinctly felt. But the last report, though it states os uteri natural, makes no mention of the conditions of ovary; an omission much to be regretted.—[Brit. J. of Hom., vol. ii., p. 32e.

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exhausting itself in the production of one large cyst, and thus diminishing the likelihood of a fatal issue. The dangerous nature of the tumour increases when it is formed of a successive production of cysts within or upon those first formed.

The difficult question to solve is, How many live with ovarian dropsy? how many die from its effects? These interested in this question will find it very ably handled by Dr. Graily Hewitt.*

He analyzes forty-four cases reported by Dr. R. Lee, and one hundred and thirty-three by Mr. Salford, and the general conclusion he comes to is, "that the probable duration of a case of ovarian disease of progressive character is, in eighty-five to ninety per cent. of the cases, two, or at most, three years; of the apparently 'stationary,' or chronic cases, the prognosis is more favorable, but in such cases the disease is liable at any moment to start into fresh activity.

"The foregoing observations give some idea—an idea which cannot be very wide of the truth—as to the nature of the evil we have before us when a patient presents herself with ovarian dropsy. The first question we naturally put to ourselves with a case of the kind to decide upon is, Does this case belong to the fortunate series—the ten or fifteen in the one hundred; or is she one of the ninety who must die in the course of two or three years if unrelieved?"

Dr. Graily Hewitt prefers drawing his conclusions from such tables in preference to being influenced by records of isolated instances where the patient has lived twenty, thirty, or fifty years; but, independent of such extraordinary cases, I think these tables under-estimate the duration and frequency of the favorable class, from their not including a not inconsiderable number of cases which, from their causing little inconvenience, are only casually seen by the medical man, and the record of their history is thus overlooked.

Dr. Hewitt holds that when the disease is not of progressive character, the question of ovariotomy is not to be considered. As showing the present aspect of the question, he mentions that since the first edition of his work, 1863, the successfu

* "Diseases of Women," 2d edit., 1868, p. 607.

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results obtained by various operations has induced Dr. West, who had previously strongly disapproved of the operation, to withdraw his objection.

Dr. Hewitt thus concludes:

"The decision for or against ovariotomy should be left to the patient or her friends; it is for them to take the responsibility. It is our duty, firstly, to make a diagnosis as accurately as possible, taking the whole circumstances, past and present,, into consideration; secondly, to make, to the best of our ability, a prognosis of the case, and to lay before the patient and her friends the results arrived at, and, if it is possible to state the chances for or against her numerically, it is better to do so.

"For reasons which have been already sufficiently alluded to, it is occasionally most difficult to put our prognosis into a numerical shape, but until we can do so, a decision for or against ovariotomy cannot be come to satisfactorily. And the patient must be informed what are the probabilities of her life being saved by the different methods of treatment—ovariotomy, tapping, etc., respectively."*—[*British Journal of Homœopathy, January*, 1869.

OBSTETRICAL.

THE ST. LOUIS IMPROVED OBSTETRICAL FORCEPS.

BY T. G. COMSTOCK, M. D., PROF. OBSTETRICS, HOM. MED. COL., MO.

For some years past, in a large midwifery practice, I have found it necessary in many instances to apply the forceps, and in the majority of cases they have been in primiparæ. In former years I dreaded to apply the forceps in first labors, but experience proves that it must be done. The forceps which I have generally preferred were Davis', modified by Meigs; but

* There is an interesting appendix to this article on "Ovarian Cystic Tumour," healed by Dr. Miller with *Bromide of Potassium*;" but our space forbids its insertion here.

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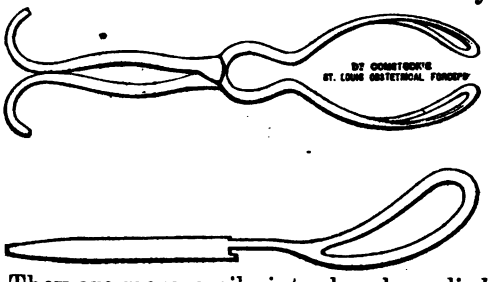
these latter present several objections. The fenstræ are wider than necessary, and, in the hands of the inexperienced, a rupture of the perineum was not an unfrequent consequence. I have tried several other forceps, viz., the German forceps, Hodge's, and Simpson's, but I have found some objections to them all. After much reflection and carefully examining, not only the above named, but Elliot's, Bedford's, Radford's, Burrell's, Wallace's, Bethel's, and other forceps. I have devised a new forceps, which are a modification of all others. They are made of the best steel; are lighter than other forceps; have a pelvic and, cranial curve which exactly corresponds with the axis of the pelvis and contour of the child's head.



They are more easily introduced, applied and locked than other forceps. They can be used when the head is in the superior strait, quite as well as when it is in the inferior strait, and thereby obviate the necessity of ever employing Hodge's or Baudelocque's long forceps. It has been my fortune, or misfortune, to have had some extremely difficult cases of labor during the past year requiring the forceps, and I have never found such satisfactory results from the use of any others as from these.

It will be noticed that I prefer the old English mortice-lock; and, also, just above the lock, between the shanks, they are curved laterly, so as to make an opening or widening between them. This peculiarity I have not found in any other forceps, except the old Radford's (English) forceps. The intention of this is to act as a purchase for the fingers in making traction, rendering the forceps more symmetrical, and practically more convenient, than the rings which are for the same purpose in Bedford's forceps.

I now offer these forceps to the profession, believing them to be superior to any others.

[Note by the Editor.—It is with pleasure that we give to the pro-

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fession a description and cut of Prof. Comstock's "St. Louis Obstetrical Forceps." We sincerely trust that all Homœopathic physicians, but especially the professors of obstetrics in our medical colleges will introduce the instrument into general use, for we believe Prof. C. has only arrived at the present perfection of his instrument after years of experience and thought.]

Reviews of New Books.

THE ANATOMICAL BASIS OF THERAPEUTICS, an essay by William Sharp, M. D., F. R. S. London: Henry Turner & Co., 1868. (From the publisher.)

Perhaps there is no physician of our school who has done more for the proper understanding and extension of Homœopathy than Dr. William Sharp. His tracts are widely known and circulated through this country and Europe, and have been of exceeding service in explaining and propagating the law of similia among professional and non-professional readers.

The admirable features in all these tracts, are their clearness and perspicuity; the logical deductions which are drawn from the premises; and, above all, the effort made to bring the collateral sciences to bear upon the law of cure, and to render the study of them essential to the enlightened Homœopathic pratitioner. The tendency of many who undoubtedly hold high position in our school, is to discard the teachings of physiology and pathology, anatomy and chemistry, and to reduce Homœopathy to a mechanical-symptom-hunting-system, without regard to any of the above named collateral branches. Dr. Sharp's last essay (reprinted from the "Monthly Homœopathic Review") is replete with sound sense and good judgment, and we are glad to be able to quote somewhat at length, portions of his essay, for the benefit of our readers.

He states that the Homœopathic law admits of three divisions—

1. "The remedy for each individual patient must have, in its provings, similar symptoms."

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2. "It must be capable of producing similar disease."

3. "It must affect similar organs or parts of the body."

In defining the first proposition, Dr. Sharp introduces many quotations to prove that this certainly was the basis of the practice of Hahnemann, and we believe such truly to have been the belief of the founder of our school, and such certainly is the understanding of the law by very many of his followers at the present day. On this point, Dr. Sharp writes: "That the symptom-method of prescribing drugs as remedies in disease has merit—great merit—is evidenced by the best of all proofs—the practical proof of success—success in the face of the most powerful and most determined opposition that anything medical was ever exposed to." While, however, making this frank and manly acknowledgment, he goes on to state distinctly its objections. He argues that this method has led "to an arrangement of symptoms produced by the proving of drugs which *prevents* their true character, as signs of the diseases which they represent, being discovered."

2. "This arrangement in the symptoms of the provings often leads to the selection of a remedy *for insufficient*, or even *frivolous* reasons.

3. "To carry out this method with the minuteness its advocates, to a man engaged in extensive practice, is impossible. He is necessarily driven into a slovenly routine."

4. "The symptom-method IGNORES ANATOMY, PHYSIOLOGY, PATHOLOGY and DIAGNOSIS, and RENDERS THEM USELESS."

5. "In consequence of the rejection of pathology, etc., the prescriber must be liable to overlook the distinction between idiopathic and sympathetic affections; between symptoms which arise from diseases of the organs they are connected with, and those which are the effect of sympathy with some other diseased organ.

6. "The imperfection of the method is acknowledged, not in words, but in deeds, by Hahnemann, himself. After following it for some years, he found that he could not in this manner cure chronic diseases, and he was compelled so far to forsake his symptom treatment, with respect to them, as to *invent a*

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pathological hypothesis, which was to underlie the symptoms, and *help* in the selection of the remedy.

7. "Lastly, the symptom-method *renders the medical profession*, itself, almost unnecessary. The mechanical comparison of symptoms, without reference to internal morbid conditions, *puts the layman on a level with the physician.* It is this which has given rise to an *endless number* of domestic books on practice; it is this which has so *altered the relative position of patient and physician* as to make both feel uncomfortable; and it is this which has tended more, perhaps, than anthing else to perpetuate the indignant opposition of the medical faculty."

Who that knows anything of the practice of Homœopathy within the last ten or fifteen years, can deny the strength of Dr. Sharp's positions? We think he might add to his seven difficulties an eighth—

It is to this, which, taught to young men aspiring to professional honors—to the exclusion of physiology, pathology and anatomy—will end in the ruin of that elevated and scientific position which it should be the object of every medical man to attain. We do not mean to assert that these collateral branches are not taught in the *abstract*; we know that they are; but we do mean to say that their bearing upon disease, and its appropriate treatment, is entirely avoided, symptoms only being taught, and medicines prescribed entirely for such symptoms, no matter whether they be primary or secondary, symptomatic or idiopathic.

It is now fifteen years since we heard an eminent Homœopathic practitioner—a convert from the Allopathic school, in which he had held honorable positions, and obtained a lucrative practice—arguing on this very point.

The gist of his remarks were that, in the interpretation of the law of cure, the word "kind" should be always introduced. Thus: "The law distinctly comprehends the idea that medicines cure diseases whose symptoms resemble, not only in *character, but in kind*, the symptoms, which such medicines produce upon the healthy body. Now, the word "kind" introduced into this definition, is often either omitted altogether, or, when present, *does not receive* that thoughtful attention which its importance

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deserves. It meets an objection, which, perhaps, *more than any other*, has weight with gentlemen of nobleness and truthfulness of mind, who are unable to comprehend the breadth and depth ot the law."

Hence, for the most successful employment of the law of *simile, pathology*, in the broadest acceptation of the term, must be sedulously studied. Without this knowledge, *medicine is reduced the level of a mechanical art, and the physician to a superficial prescriber for symptoms.* By the introduction of the word "kind" into the definition, all pathological alterations, together with anatomical lesions, or organic changes, are obviously included.

This will indicate how scientific men of our school have reasoned upon the law of cure, and how, instead of endeavoring to discard all that belongs to those sciences which give dignity and grace to the profession of medicine, they have sought to explain more fully and exhaustively the law of cure on the broadest platform of educational principles.

The second definition of the law—"The remedy must be capable of producing a similar disease"—would be included in the first, by defining it with the acceptation of the term "kind" inserted, as we have already explained. Here, however, as Dr. Sharp suggests, it must be evident that the word "symptom" must be properly understood, and, after stating how varied and extended had been its definitions, and that many of our most excellent Homœopaths differed in their understanding of the term, he states: "Symptoms are signs; the thing signified is the morbid state or condition which produces them. The word "symptom" is used in these essays in this definite and limited sense. Hahnemann's rejection of pathology, his *Materia Medica*, and his practice, alike testify that he also used the word in this limited sense. If we would speak intelligibly and accurately, such limitation is necessary." This makes it an absolute necessity for the physician to distinguish between the pathological condition and the manifestations of disease—the one being the cause, the other the effect—and to study the latter as bearing upon the former; thus making a knowledge of anatomy, physiology and pathology of great import. A condition for

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which many eminent members of our school have been striving for years. Dr. Sharp remarks: "I think there can be no doubt that, if a true physiology and a true pathology, both as regards diseases and drugs, could be attained, the view set forth in this definition, when practically carried out, would be the highest attainable perfection of therapeutics." But there are difficulties in the way, which are thus candidly put forth:

1. "A physiological difficulty. This arises out of the fact that, though encouraging progress has been made, especially since the discovery of the circulation of the blood by Harvey, physiology is still often doubtful and imperfect. Our physiological knowledge is not nearly so far advanced as our anatomical. We know the structure of several organs much better than we know their functions; and even in regard to those organs with whose functions we are tolerably well acquainted, we are much in the dark as to the manner in which these functions are performed.

2. "A pathological difficulty. If we are ignorant of the healthy function, it is unavoidable that we must be in doubt as to the disordered function; and when we know the function, but do not understand the mode in which it is performed, we cannot know the mode of its diseased action,

3. "Hahnemann's provings of drugs. The form in which we possess these is so opposed to pathological considerations that it is very difficult to use them for a pathological purpose.

4. "The deficiency of re-provings. The drugs which have been re-proved, and some others which have been added since Hahnemann's time, are in a better condition to be used for this purpose, and this list will be gradually extended, but at present it is a small one.

5. "But if the re-provings were even tolerably complete, though this would be an immense advance upon our present position, and one which is greatly to be desired, yet, so long as physiology and pathology are imperfect and doubtful as regards the diagnosis of diseases, they must also be imperfect and doubtful as regards the provings of drugs.

"It follows, therefore, that not only must the provings of drugs in health be arranged in a different form, but that also

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the auxiliary sciences of physiology and pathology must be further advanced before we can have, as a matter of fact, a *pathological system* of therapeutics."

In considering the third definition of the law, Dr. Sharp alludes to a fact which must be evident to every physician who has had a moderate acquaintance with disease and the action of medicine, viz., that certain drugs appear to possess greater affinity for certain organs than others, and that the same may be said of the causes of disease; and that, based upon such observations, certain rules of practice may be drawn; and that, if we find that we can arrive at the conclusion that it is better to act on the diseased organs than the healthy ones, leaving the latter undisturded, and obviating the necessity of producing revulsion or counter-irritation, than there may be what we can term an anatomical basis of Homœopathy. Dr. Sharp recommends a trial of this method, which may form a foundation for therapeutics, and on page 31 says:

"It is possible, then, to lay an *anatomical* basis of therapeutics; and it is easier to lay this foundation than any other.

"This basis, like other foundations, will have four sides.

"On the first side these words may be engraved:—

"Diseases have a seat or locality; to be ascertained in each case by a careful diagnosis.

"On the second side:—

"Drugs have a local action; to be learnt in respect to each by experiments on the healthy.

"On the third side:—

"Drugs, to act remedially, must be so selected as to act upon the same organ as the disease has affected.

"On the fourth side:—

"These drugs must be given in such quantities only as will bring about a cure without producing other visible effects."

This pamphlet of Dr. Sharp opens up a new train of thought and study. It shows us that the collateral branches are essential to a proper and enlightened understanding of the law, and we shall look anxiously for the promised papers, which will assist us rearing a good superstructure on "the anatomical basis of therapeutics."

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Western Homœopathic Observer.

ST. LOUIS, MO., MARCH, 1869.

☞ To insure publi ation, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Readers of the OBSERVER, will oblige the Editor if they will forward copies of local newspapers, or similar matters of importance to the profession, all such will be thankfully acknowledged.

☞ Physicians having changed their locations, or desiring to remove from one portion of the country to another, will please communicate with the Editor, that he may note the same. Records of marriages, and deaths of physicians, and other personal news will also be received and noticed.

☞ All exchanges, books and pamphlets must be addressed to the Editor, No. 1418 Washington Avenue.

Editorial.

THE CHARITY OF PHYSICIANS.

Of all classes of men, there are none who are more charitable (as a class) than physicians. As a general rule, medical men are not rich in this world's goods, nor have the means of making those princely donations which we find coming from the merchant, the banker, or the millioniare. But of what they *do* possess, and in a manner often unknown to the world, the Doctors give more freely than is generally supposed. The rich gentleman donates a large amount to a public charity, and his name together with the sum subscribed goes the rounds of the newspapers, and the donor is known as a charitable and noble man. But we venture to affirm, that there is not a physician in moderate circumstances and with a moderate patronage, who does not *daily*, and mayhap for consecutive years, administer relief to the sick and the poor without even thinking of mentioning the fact. Yet with all this, how often do we hear the remark that Dr. A. was called to a certain case and would not attend, because the patient was poor; and so Dr. A. is at once set down by the community as an uncharitable and unchristian man; whereas, if the truth was known, he would be found to be a hundred times *more* charitable than his neighbors who abuse him. These remarks concerning physicians are often made without thought and without judgment. Most medical men live and maintain their households by what is earned from

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a daily attendance upon those sick who have demanded their services. If Dr. A. has a family of which one member may be very ill, which family he has attended for a length of time; and he is sent for to visit a poor man at a distance, he must not forget the duty he owes to his established client, while he endeavors to attend to the poor. He is, in duty bound to look after his patient as well as the stranger, and as a rule the degree of danger manifested in each particular case must be the guide for his actions. We have heard a physician soundly rated for his want of feeling, because unable to leave an obstetrical case, he declined to attend to a charity-call at a distant part of the city; whereas, we know well that a a more humane and charitable Doctor perhaps does not exist, and that hundreds of persons within the year are attended by him gratuitously. There are also some other items well-known to physicians, but not to the world at large, which renders this attendance on promiscuous patients—if we may call them so—a most unthankful and often aimless office. There is scarcely a member of our professional body who has not frequently put himself to great inconvenience to attend a "charity call." Perhaps he has, in a measure neglected a well-known friendly family for the purpose, relying on good feeling and friendship of the latter to excuse his delinquency, and when he has arrived at the house of the stranger has been abused for not coming earlier. Or perhaps after weeks of attention, kindness, medicine and other substantial charity, is informed that his services are no longer needed, that "his Medicines have done no good," and that "other advice has been taken," without even a notifiacation of the fact. These, and a hundred other circumstances of a similar nature are well known, and therefore, necessarily often cause the physician to pause and select his charity patients after the manner that the experienced philanthropists abjures indiscriminate alms-giving. There is a bright side to the picture also. Many a time and oft the good-hearted physician has stepped from the door of the poor man, with the "God bless you," ringing in his ears, and feeling a consciousness of duty done, and a satisfaction that the reception of a fee—even a large one, cannot produce. Many a time the tear of a mother or a father, or of some poor, forlorn, disconsolate woman, has touched up the lachrymal apparatus and made a sticky sensation about the throat of the Doctor which he never tells, not even his wife. These occurrences we believe are found in the almost daily routine of professional life. Indiscriminate charity is generally bad. Let us all be the judge of our ability to do good, let us do it to the best of our ability, and let us not allow ourselves to criticize the actions of any of our brethren until we are fully acquainted with all the circumstances of the case.

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THE RECOGNITION OF HOMŒPATHY BY THE CITY COUNCIL OF ST. LOUIS.

It gives us great pleasure to announce that through the exertions of the Faculty of the Homœopathic Medical College of this city, the following bill passed the Common Council in February, 1869:

An Ordinance allowing the Homœopathic Medical School to be admitted to the City Hospital under the same rules and regulations governing other Medical Schools,

Be it ordained by the City Council of the city of St. Louis—

SECTION 1st. The Board of Health are hereby instructed to allow the Homœopathic Medical School of this city to be admitted to the wards and lecture rooms of the city hospital under the same rules and regulations that is required of the other medical schools of this city; and the Board of Health are further instructed to designate to the respective medical schools visiting said hospital the days they will be allowed to visit said hospital respectively."

THE UNIVERSITY OF MICHIGAN.

MOTION FOR MANDAMUS.

RECORD AND ARGUMENT OF D. DARWIN HUGHES, COUNSEL FOR THE PEOPLE—A QUIBBLE OF THE REGENTS TO EVADE THE LAW.

We have received from Dr. S. B. Thayer, a most interesting legal document from the Supreme Court of the State of Michigan, containing the motion for a *writ of mandamus* to be issued by the court, to enforce that law which requires "that there shall *always* be at least one Professor of Homœopathy in the department of medicine" in the University; together with the answers of the Board of Regents, and the argument of Mr. Hughes for the people. We take pleasure in giving extracts from this important document, that the readers may understand exactly how we stand in the matter, and the apparently trifling objections which are urged for the defense.

The motion is headed

THE PEOPLE, EX. REL., WM. L. STOUGHTON, ATTORNEY GENERAL, VS. THE REGENTS OF THE UNIVERSITY OF MICHIGAN—*Motion for Mandamus.*

And then proceeds in usual form to give "information" to the Supreme Court. After some introduction the following passages occur.

* * * * *

"That said Legislature still subsequently by An Act to amend an Act,

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entitled "An Act to provide for the government of the State University, and to repeal chapter fifty-seven of the revised statutes of eighteen hundred and forty-six, approved April eighth, eighteen hundred and forty-six, approved April eighth, eighteen hundred and fifty-one," (which said act was approved February twelfth, eighteen hundred and fifty-five) amended said section five by adding thereto the following words, viz: "provided that there shall always be at least one Professor of Homœopathy in the department of medicine."

"And your petitioner further states on behalf of said People, that although the enactment above referred to is imperative upon the said Regents of the University of Michigan, to appoint such Professor of Homœopathy in the said department of medicine, at least within a reasonable time after the passage of said last act, and although nearly thirteen years have elapsed since the approval of said act; and although there was not at the time of such approval, and has never been since, any Professor of Homœopathy in said department of medicine; and although the said Regents as a board or corporation, have often been petitioned and asked by citizens and residents of this State, as petitioner is informed and believes, to make the appointment of such professor, and thus carry into effect said law, yet the said board or corporation of Regents have hitherto wholly neglected and refused, and still do neglect and refuse, to make such appointment, in direct violation of said act and duty imposed upon them thereby; and have never at any time since the passage of said act and the time it became operative made an appointment of a Professor of Homœopathy in the department of medicine in said University, and as your petitioner is informed and believes are taking no steps to carry out and accomplish the true *intent* and meaning of said act." * * *

To this petition the Board of Regents reply, pleading poverty, and promising *when* they have the means to establish a medical department out of Ann Arbor, in which the principles and practice of Homœopathy shall be taught. Read the extracts carefully; the italics are ours:

"And they (the Regents) further insist that the provision of said act of the Legislature of the State of Michigan, referred to in said petition, which was approved February 12, 1855, and which provides, "that there shall always be at least one Professor of Homœopathy in the department of medicine," does not make it *imperative upon these defendants that they* should appoint such professor *at any particular time*, or that they should pay any appointee to such professorship out of the said University interest fund; and that a decision making such appointment mandatory upon these defendants would be in conflict with section 8 of article XIII, of the Constitution of the State. * * * *

"That a very careful consideration of the question as to the wisdom of appointing such a Professor of Homœopathy, to be an instructor in the medical department at Ann Arbor, has fully convinced these defendants that such an appointment would be *prejudicial to the best interests of said University;* that it would engender *discord and strife therein*, and *drive therefrom nearly all medical professors and students now therein*, and they ADMIT therefore that they have neglected and refused to make such appointment, under the belief that they had a clear legal right so to do.

"And further answering, these defendants say, that they are desirous of carrying out the expressed wishes of said Legislature, so far as they can do *so with safety to the best interests* of the University under their charge, even though the said act of the Legislature be not binding upon these defendants, and to that end and purpose they have proposed to ca-

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tablish a medical department of said University at *some other place than Ann Arbor*, in which the principles and practice of Homœopathy shall be taught, and they are ready and desirous to establish such department, and to appoint one or more professors therein, *as soon as they shall have the power and authority so to do, and the financial condition of said University shall warrant the additional expense, which shall thereby be incurred.*

"And these defendants further answering, say, that they have at the present time NO FUNDS in the treasury of said University, unappropriated, out of which the salary of a Professor of Homœopathy in the medical department thereof could be paid; and they further say, that the present income of said University is all absorbed in the payment of the salaries of professors already legally appointed, and the incidental expenses necessarily incurred in carrying on the several departments thereof."

This is a curious argument to endeavor to evade the direct commands of a statute. If the Board of Regents are allowed to take the laws of the State of Michigan in their own hands, interpret them as they please, violate them at will, and finally, (as they have done,) "admit" that they have "*neglected* and *refused* compliance with the enactment, because *they supposed*" they had a clear right to do so—then there will be established a precedent which will do away with the majority of the acts of the Legislature of the State, and make law of none effect. First, they state that the act does not require them to make the appointment "at ANY PARTICULAR TIME," and have allowed fourteen years to pass without complying with a law that says "there shall ALWAYS be at least one Professor of Homœopathy in the department of medicine."

What does that word "*always*" mean, if it does not refer to the time that the University is in existence after the passage of the act in 1855? Then they admit that they have *neglected* and actually *refused* to make the appointment; which is followed by a proposition to establish a medical department at some other place than Ann Arbor, where the principles and practice of Homœopathy shall be taught, "as soon as they have power to do so, and, (mark the next sentence) "*the financial condition* of said University shall warrant the additional expense;" and wind up the argument by informing us that at present there ARE NO FUNDS unappropriated out of which a Professor could be paid.

This is clearly a case made up to further evade, after fourteen years delay, the fulfillment of the spirit and meaning of the law.

To these cogent reasons of the Regents, Mr. Hughes makes excellent reply, which occupies in the document before us some thirteen pages. He has divided his argument into seven sections, the chief points of which we extract, leaving out all references and annotations—all allusions to Doe vs. Roe, or Twitchell vs. Blodgett, or definitions of terms "according to Webster"—with the omission also of the word "said," which necessarily is repeated more times than our printer has type to set it up.

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I. It is a fundamental rule of constitutional law that every act of the Legislature, not prohibited by express words, or by necessary implication, cannot be declared void, as a violation of the constitution, and in cases of doubt, every possible presumption not clearly inconsistent with the language, and the subject matter is to be made in favor of the constitutionality of State legislation.

II. There is nothing in the constitution, taken according to its plain and obvious meaning, which invalidates this law.

III. Such a construction as is contended for by the Regents, brings the constitution in conflict with the declaration of the trust under which the University lands were granted to the State, while it should be so construed as to harmonize with and carry into effect that grant.

IV. The construction for which we contend has always been held by the Legislature and under such peculiar circumstances as to give it great weight.

V. The Regents themselves have given to the constitution the construction for which I contend.

They are to-day acting and carrying on the government of the University under the law of 1851.

They have by solemn resolution yielded their obedience to this law of 1855 and made a pretense of executing it, and have sought the aid of this court for an enforcement of its provisions.

VI. Public policy and the welfare and prosperity of the University point to this construction.

To make its Regents independent of the Legislature, is to perpetuate a contest and lay the foundation for strife and jealousy, of which we have but seen the symptoms, and which can only result in disaster to an institution invaluable to the State, and of which we are already justly proud.

VII. The public good requires the enforcement of this law.

The policy which excludes Homœopathic system of medicine from the University is bigoted and narrow-minded.

Its practice has arisen to the dignity of a school and a system. It can no longer be designated as quackery.

It originated among the learned men of Germany more than fifty years ago. It is taught in European Universities.

It has under its successful management and care extensive hospitals. The sale of its medicines and remedies constitute a growing trade, and its professors and practitioners are perhaps to-day as numerous in Michigan as those of any other school.

It has not arisen nor does its practice prevail as a rule among the ignorant classes, but its friends and believers and those who have adopted it in place of the old school are found on the bench, at the bar, and in the pulpit, in scientific societies, among authors, and philosophers, and men of learning.

The edict of the Russian Emperor forbiding the compounding of its remedies was removed more than a quarter of a century ago, and it is time that the Michigan University followed its example.

I do not discuss the comparative merits. I am a disciple of the old school, and my learned brother who represents the Regents here belongs to the new, and for such a discussion we should change sides.

I simply seek to show that the system has risen to the dignity of a school which entitles it to respect and to careful attention and study. That it has come to be a main branch of the science of medicine, and as such should have a place in every leading university in the country, and especially in ours.

D. DARWIN HUGHES,
as Counsel for the People.

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The seven points made by Mr. Hughes are all good ones, and we only regret that space forbids us entering more minutely into his arguments. We belive that this matter must be kept before the Profession and the people, and now is the proper period for so doing. Though the matter has been discussed long, still a little stirring often makes an ebullition; therefore, we have taken the pains of making the above extracts.

BOOKS AND PERIODICALS RECEIVED.

Medical and Surgical Reporter: Philadelphia, Pa.
The Ohio Medical and Surgical Reporter: Cleveland, O.
Calcutta Journal of Medicine: Calcutta.
American Homœopathic Observer: Detroit, Mich.
New England Medical Gazette: Boston, Mass.
Monthly Homœopathic Review: London, Eng.
The Medical Investigator: Chicago, Ill.
The Monthly Homœopathic Independent: St. Louis, Mo.
Boston Journal of Chemistry: Boston.
The Albany Evening Journal.
National Temperance Advocate.
Colman's Rural World.
Homœopathic Infidelity: By Jno. T. Temple, M. D.
The Homœopathic Sun: New York.
Political Wives. (A satire): London.
Smoking and Drinking: By James Parton: Boston.
Epitome of Homœopathic Medicines: By Wm. L. Breyfogle, M. D.: Philadelphia. F. E. Boericke: 1869.

ANSWERS TO CORRESPONDENTS.

J. F., Mo.—Your letter received, and we will do as you desire.

H. T. & Co., London.—Your favor came to hand, and a few days thereafter the Journal. We shall be happy to exchange. We wish the Calcutta Journal every success.

R. S. B., Ill.—The pamphlet has been forwarded. "The transactions" are ready for you.

A. DeH., La.—Your communication will appear in the next number.

A. D., La.—We shall look for your paper on strabismus.

M. F., La.—Your paper is received, and will appear in due time. We cannot entirely endorse your sentiments. You will certainly hear from others who differ from you.

H. M. P., New York.—We thank you for the papers containing the proceedings of the New York State Society.

C. W., Mass.—Your letter was received. When you are settled again, we look for the promised contribution.

Dr. C., Missouri.—The 30th triturations are made according to the decimal scale, and the demand for them is steadily increasing. Some physicians have always preferred triturations to the dilutions; and this fact is the principal cause that so large a number of remedies have been prepared. In a few months Mr. Luyties will be able to furnish the same remedies in the 30th trituration (centesimal scale), which are at present in course of preparation in Germany.

Dr. B., Kentucky.—The Transactions have been sent to you by mail. The postage thereon is 15 cents. No charge for the volume,

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DR. P., Kentucky.—In our opinion, the best openings for physicians are in the State of Missouri. The cities and towns are growing rapidly, and the immigration from Eastern States brings a number of Homœopaths. We beg to refer you to the openings mentioned in the Western Hom. Observer.

DR. R., Kansas.—The commencement of the Hom. Med. College of Missouri will be held on the 25th day of February.

DR. C., Ohio.—Prof. Franklin promises us the second volume of his work on the Science and Art of Surgery, in May next. The price will not be higher than the first volume—probably less.

DR. P., Illinois.—The new epitome of Dr. Breyfogle has appeared, and is ready for delivery.

DR. F. E. B., Pa.—Thanks for the copy of the new epitome. It will be reviewed in our next issue.

DR. B., Illinois.—The new work alluded to by you is Dr. Jahr's Leitfaden, price of which is $2 50. It has not been translated into English, but it is of such practical value, that we have no doubt it will be before long.

NEW STYLE BUGGY CASE,

made of the best Turkey Morocco, containing 90 vials and room for a Sugar of milk bottle, Instruments, Powder Papers, &c. It is four fold, on one flap there are 18 vials No. 58, 2½ dr. vials, on two other flaps, there are 72 vials No 31, 1 dr. vials, and on the last flap is an extra apartment which can be used for Instruments &c., as mentioned above, or for more vials.

The case is very compact when closed, is provided with handle and a nice hand-lock.

Price with vials cleaned and corked.....$20 00
" filled with medicines.....25 00

For sale at LUYTIES' HOMŒOPATHIC PHARMACY,
306 North Fifth street, St. Louis, Mo.

ARRIVAL OF NEW GOODS FROM GERMANY.

Fresh Mother Tinctures per. oz..... 30c
" " " in original bottles put up at the Leipzig Homœopathic Central Apotheke, per. oz. bottle containing 9 dr..... 35c
per. 4 oz. bottle containing about 5 oz.....$1 25
Corks, Pure Velvet, a very fine quality at usual prices.
30th Triturations, 78 remedies, see list in this number, per. oz..... 75c
Pure Sugar of Milk, a very superior article, per. lb..... 1 00
New Style Office Labels, black, red, blue with gold letters, per. sheet..... 25c
220 names, principal remedies several times repeated per. doz. sheets..... 2 40c

Fresh Supply of Lehrman's High Potencies—see list of remedies and Price in this number.

LUYTIES' HOMŒOPATHIC PHARMACY,
306 North Fifth street, St. Louis, Mo.

Physicians Visiting List for 1869.

FOR THIRTY OR SIXTY PATIENTS, AT $1.00 AND $2.00.

NOW READY,

Classification of a few of the "New Remedies,"

According to the part of the body acted upon, after the plan of Bonninghausen,

By Temple S. Hoyne, A. M., M. D. 82 pages. Price, 75c.

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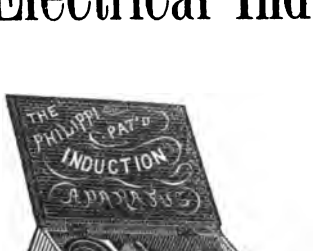
THE PHILLIPPI
Electrical Induction Apparatus



This apparatus is deserving of e pecial attention. It possesses a amount of electrical force greater i proportion than that generated by an other machine; it is ready for use at moment's notice, and can never becom disarranged. If it is kept clean, th machine is guaranteed for five year Its compactness is also an item for con sideration, it measuring 5 by 6 inches and being but 1½ inches in height. I has the "induction current" for extract ing mercury and other mineral poisons from the system, and the "battery current" produced by the crank machine; when using the former, the application of the metallic handles does not check the current, which may be directed to the most delicate portions of the body by means of the metallic "nerve pointers," which are contained in the case.

The simplicity, power, compactness, variety of currents, the absence of acid and of complicated machinery, together with the facility for setting it in motion, will render this apparatus the favorite among physicians and laymen. It can be seen and will be explained at the ST. LOUIS HOMŒOPATHIC PHARMACY, No. 306 North Fifth Street.

DIRECTIONS FOR USING.

Take the zinc jars out of the carbon jars, and place in the latter as much as will lay on the point of a knife of the sulphate of mercury (which is contained in the case); add sufficient water to fill the jars about half full and stir the solution well, after which replace the jars of zinc, not allowing them to come in contact with the carbon jars, but *simply to touch the solution of mercury with their under surfaces.* By drawing out the cylindrical slide (4) the current is regulated in strength. This can also be increased by the addition of double the quantity of the sulphate. The screw (3) regulates the speed of the currents.——Insert the staples in the end of the wires affixed to wooden handles into the numbered mortices in the front of the case; into those marked 1—1, if the direct battery current is required, and into 2—2 if the induction current is desired.

After use, great care must be taken to cleanse thoroughly the whole machine, especially the metallic pots, to prevent oxidation. If it is desired to use the Battery *alone*, the screw 3 must be screwed out.

Price $18; to physicians $16. For sale wholesale and retail at LUYTIES' HOMŒOPATHIC PHARMACY, 306 N. Fifth St., St. Louis.

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THE

Western Homœopathic Observer.

APRIL, 1869.

Original Articles.

MEDICINE.

A CASE OF POISONING BY OPIUM.

BY A. ALLOU D' HEMECOURT, M. D., NEW ORLEANS.

On the 27th of November, 1868, I was called in haste to see a young colored girl, who, according to the statement made to me, had been poisoned. I arrived immediately at the residence of the patient, and found her in the following condition: Fixed look; pupils contracted; rigidity and great heat of the body; clonic spasms accompanied with screamings and tears; the pulse was small, weak and frequent; the breathing short.

I was requested to examine an empty half-ounce vial: it had contained the laudanum taken by the patient.

The effects were so evident, that I did not hesitate to give *Black Coffee* as being the most important antidote in poisoning by such a narcotic. We succeeded, after great difficulty, in administering it, and half an hour after, the patient seemed to feel better, and wanted to drink. She drank in my presence a cup full of strong black coffee, but complained of difficulty of deglutition. At that time the limbs were agitated by a nervous

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trembling. I ordered the coffee to be continued, and retired, promising to come again at an early hour.

Eight o'clock A. M.—After my departure, the patient fell into a sort of coma, interrupted every five minutes by light spasms, with delirium. She seems more quiet at present, opens her eyes, which are still haggard, and appears to be entirely ignorant of what is going on in the room. I continued the coffee.

Eleven o'clock. The convulsions began again stronger than before; the patient utters plaintive groans and tears every thing within her reach; bites her hands and arms; four persons are necessary to keep her in the bed. The breathing is short, the pulse small. I then administered *Spiritus Camphoræ*, gtt. i. every five minutes, but an hour passed without the least improvement. Not desirous of insisting upon a substitute, the action of which is so quickly exhausted, I immediately gave the tincture of Ipecacuanha, which is highly recommended by Hahnemann. I prepared *Ipecac.*, O. gtti. x, aq. distill. ʒiv, to be given a spoonful every fifteen minutes.

Two o'clock, P. M. The remedy was given regularly, and yet no improvement. The patient is in a state of excessive restlessness; she answers, however, to the questions addressed to her; great thirst; the pupils are contracted, and there is constipation: these two last symptoms are characteristic effects of opium; an opposite condition to that found in the intoxication by Belladonna, which produces diarrhœa and enlargement of the pupils. Same treatment continued.

Seven o'clock. Slight amelioration; the convulsions are less frequent; no stool yet; no urinary secretion; unquenchable thirst. The abdomen is hard, swollen, and sensitive to the touch. The poor girl is in excessive agitation; she would like to sleep, but cannot. From her general condition I decided to give *Belladonna*, 3d, gtti. x, in six spoons full of water, one to be given every half hour.

November 28th. The improvement did not last long. The patient is evidently worse. She screams with pain and tries to tear her chest with her nails. I prepared *Plumbum*, *Met.* 6th, recommended also in such cases; but this antidote did not produce a propitious change. Three hours after, when I returned,

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I found the poisoned girl in a terrible state; the fits were almost continual; the eyes were prominent and motionless; the look horrid; the body was cold, and the pulse filiform. The jaws were closed; now and then the mouth opened convulsively, and the patient uttered a plaintive cry. We took advantage of that moment to administer the remedy.

I began to believe that all treatment would be useless. After recapitulating the different treatments that had been recommended to destroy the effects of opium, I found that some had tried the expulsion of the poison by means of the stomach pump; others the use of emetics; others again, the sulphate of zinc, the sulphate of copper, etc., etc. But nothing appeared certain. In Homœopathy, all the antidotes given in similar cases, were successively administered without any effect.

I was very well aware that *Nux Vomica* and *Mercurius* had been used successfully against the *chronic effects* of opium, but not against its toxical action.

Yet knowing that *Nux Vom.* was often given to calm the too violent action of Allopathic drugs, I decided to administer it, and had the happiness to see my efforts crowned with complete success. I prepared *Nux Vomica*, 1, gtti. x. *Sacchar. Lactis, Q. S., F. S. A.*, 12 doses, one to be taken every half hour. The effect was miraculous: after the fourth dose, that is, in less than two hours, the convulsions had diminished, and soon after ceased entirely, leaving the patient in a slumber, which lasted a few minutes; she then opened her eyes, looked around her with astonishment, and asked for water. I arrived at this moment and saw the great change that had taken place. The patient recognized me and asked if she could have something to eat, as she felt very weak. I allowed very light beef soup to be given, a little at a time. The improvement was general; the eyes had lost their horrible expression; the breathing was free, and the pulse more nominal. I examined the tongue carefully; it was dry, red on its edges, and covered on the centre with a coat of thick white substance. The costiveness still existing with painful heaviness in the pit of the stomach, I continued *Nux Vomica*.

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November 29th. Good sleep, interrupted but once during the night. No more pain in the stomach. The patient urinated easily and had a copious operation from the bowels. She feels hungry,. I ordered soup, and gave *Nux Vomica*, 6, a dose every hour.

November 30th. All the bad symptoms have disappeared nothing is left but weakness and a sensation of emptiness i the head. *Nux Vomica*, 30.

December 1st. The patient slept all night without waking Those symptoms so threatening two days before, no more ex isted and I advised the convalescent to sit up in her room, and to take a little more food. No remedy.

I visited the patient two days more, and had the pleasure o seeing her getting better and better. I left her in a perfec state of health.

Without having the pretension to have discovered in *Nux Vomica* the only antidote to the poisoning by opium, I desire t call the attention of physicians of every school to its effects. submit the fact to them; it is the faithful statement of a cas observed in my practice, and I would be happy to have added to the list of the antidotes of opium. a remedy, by the use o which the physician may have fair hopes of success.

New Orleans, January 15, 1869.

Surgery.

L. H. WILLARD, M. D., PITTSBURG, PA., EDITOR.

CONSERVATIVE TREATMENT IN DISEASES OF BONES FRACTURES, ETC.

Having occasion to excise, during the winter of '68, a large portion of the humerus of a girl two years of age, and the tibia almost its entire length, of a boy aged nine, with substantial results, it caused me to reflect that perhaps we did not full understand the recuperative power of bones and their appen

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ages. I regret that circumstances were such as to prevent me from making only two experiments, and these imperfect; but I give them, that all may form their conclusions. They were made upon a dog four years old. With the assistance of Dr. J. S. Read, we cut down upon the periosteum of the tibia, removed a circular piece of the same, and transplanted it among the muscles of the gluteal region; then sewed the wound up, also the one made on the fore-leg. In this manner, we had made two experiments—first, the transplanted periosteum; second, the tibia deprived of periosteum.

In about three weeks the dog was killed, and the periosteum sought for among the muscles of gluteal region. It had become attached to the muscles; was of a hard, cartilaginous nature, more firm than the cicatrix made by the wound. From appearances, it had enlarged, but there was no sign of a bony deposit. What the result would have been had it remained longer, I cannot say. We were compelled to kill the dog or lose the results, however unsatisfactory. The denuded tibia had become enlarged, and presented quite a prominence, covered by a soft, gelatinous substance, with no appearance of decay. Neither did the animal exhibit any evidence of pain. We inferred from this that the tibia would resume its normal covering.

From these results, however unsatisfactory, I shall always consider that, if there is periosteum left, even though the bone be mashed and broken, we have a chance of giving a useful limb. One great objection to this conservative mode of treatment, is the deformity which, in bad cases, always results, and the surgeon is censured for unskillful treatment, notwithstanding the hopeless case he has had to encounter; so that to amputate and leave a nicely healed stump often gives the surgeon more credit than a limb partly useless, but of service. In Caracas, Venezuela, some years ago, I visited the hospital, which was filled with inmates, wounded in the battles between (the then) President Paez and General Falcon. The finances of the republic were so low, that surgeons could not be found to attend to the sick, nor nurses to care for their wants. A hospital steward was in charge, and the patients—those that could walk—attended to their own wounds; while those con-

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fined to cots were dying rapidly. A more distressing or pit
ble sight I never witnessed. My attention was called to
soldier who, some three months previous, had the ulna sha
tered by a musket ball, and the radius fractured (according
his statement) so badly that the surgeon was to have amputat
it on the field; but, owing to fortunate neglect, he was sent
Caracas, and escaped the knife. With the help of a comrad
he fastened the arm to a piece of wood, extending from t
elbow to the tips of the fingers, by means of two handkerchie
The only dressing was cold water, and a strip of cloth to ke
the flies away. When I saw him, the ulna had again forme
the old pieces of bone were coming away; the radius had unite
and, if nothing has happened, he has a good and useful arm, wi
no power to rotate or supinate. I cite this case merely to sho
how sometimes nature triumphs over the knife, and to illustra
her wonderful renovating power, when science and the rules
surgery teach otherwise.

One year ago last summer, I was called in great haste
see a man who had fallen from the roof of a house to th
ground, a distance of some twenty feet, striking, as he reache
the ground, his left hand upon a stone, shattering the ulna an
fracturing the radius. A physician had seen him, and put th
arm in temporary splints, with the intention of amputating
soon as possible—so they told me. He having been discharge
it was left for me to do all I could to save the arm. Th
broken and comminuted pieces of the ulna were taken awa
about two inches extending into the wrist joint; the fracture
radius adjusted; the ulnar artery tied; and the arm placed in
plaster of Paris splint, and kept constantly moist with a wea
dilution of *Calendula*. The inflammation was controlled b
Acon. 6, every two hours. On the fourth day the inflammatio
had begun to subside; but there was great twitching of th
muscles. This was controlled by *Ig.* 6, every two hours. Aft
this his sleep was good, and appetite also.

The dressings were now applied daily. Considerable suppu
ration occurred, which continued for over a week, when th
plaster of Paris splint was replaced by a wooden one. At th
expiration of six weeks the remaining fragments of the broke

ulna had come away. Cold-water applications were made, as the lotion of *Calendula* had produced some vesication. Three weeks from this time the splints were removed; sufficient callus had formed to give support to the arm; the wrist was stiff, with slight motion of the fingers; the hand was carried in a sling—and a dressing of *Ceratum Simplex* applied to the openings.

The true nature of the reparative process was not apparent until one year afterward, when I saw him. He had the power to grasp articles of moderate size; the wrist was immovable, but he could rotate and supinate the hand; the ulna was very large at the seat of fracture, but all decayed pieces had been thrown off and the openings closed; the radius projected; the upper fragment was not on a line with the lower; but union had taken place; the arm was gradually getting less in size. He could use the limb; but, as it was so weak, sought other employment. He was well satisfied, and said it improved every day. As a further means of restoring the arm, I advised him to sponge with cold water and apply electricity.

The cases mentioned at the beginning of this article—one of them (the excised humerus) I am not ready to report; an account of the tibia is to be found in the "Transactions of the American Institute of Homœopathy for the years '67-68.

DISLOCATION OF THE HEAD OF THE HUMERUS IN THE AXILLA—REDUCTION BY MANIPULATION.

Mr. B., æt. sixty, fell down stairs, dislocating the shoulder, by throwing the head of the humerus into the axillary space.

On arriving, soon after the accident, found the patient suffering great pain. The head of the humerus could be easily felt in the axilla, the arm standing off from the body. The reduction was effected by manipulation—first, the fore-arm was flexed at a right angle with the arm; then raised to a horizontal position. With the fore-arm as a lever, the head of the humerus rotated outwards and upwards until the hand was in a supine position; then the head of the humerus, being steadied by Dr. Rosseau, who assisted, was rotated downwards and inwards, at the same time the arm brought to side, when the bone, with an audible snap, slipped to its place.

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So quick was relief afforded, that the patient did not believe it possible, but, when he found the pain gone, he was very profuse in thanks. The reduction occupied *about one minute.*

GLUE FOR BURNS AND SCALDS.

My attention was called to this substance for burns and scalds by Dr. Gregg, of Boston, who has been so successful with it, that of late I have used it, and find it very satisfactory.

The glue, by the application of water and heat, is dissolved, and applied to the surface of the part burnt or scalded, as hot as the patient can bear it. The application is best made with a camel-hair brush, or a feather, which will answer as well. It is applied until the coating is impervious to the atmosphere. As it hardens, another application is made; and, from day to day, as cracks make their appearance, more glue is applied. In this manner, the covering is kept on until the surface has healed and the parts have assumed a healthy appearance.

It is used in cases where sloughing is expected, and found to prevent the forming of eschars, if applied immediately after the injury; also, in all cases where a small or large surface is injured.

CLINICAL NOTES FROM FOREIGN JOURNALS.

(Translated Expressly for the Western Homœopathic Observer.)

Atropine Poisoning—Sub-cutaneous Injection of Morphine as Antidote.

A boy aged three and a half years, took about one-half grain of Atropine in solution. The child became sick immediately, vomited, and became entirely unconscious; the face was very red; skin hot and dry: perspiration much augmented; pulse 160 and hard; pupils greatly dilated; conjuncteva much reddened; tongue and mucous membrane of the mouth very dry, and mouth half open. A solution of two grains of *Morph.* to two

drachms of distilled water was made, and about one-eighth of a grain was at once injected into one of the feet. The child did not manifest any feeling whatever, not even feeling the insertion of the point of the needle, remaining perfectly quiet.

About ten minutes after the operation, a marked change took place, first in the respiration, and then in the pulse. The child gradually improved, and by evening was playing about as usual; the pupils remained dilated for several days, but since that time the child is entirely well.—*Würtemb. Med. Blatt.*, 1868.

OPIUM POISONING—CURED BY TINCT. BELLADONNA.

The subject, a young lady, took 20 grammes of laudanum. Dr. George, without ordering an emetic, prescribed *Tinc. Belladonna*, as follows; 5 grammes *Tinc. Bell.* to 130 grammes of *Gum.*, a large spoonful half-hourly, and a cup of coffee every hour. The patient took her coffee at once, but the medicine was not administered until three hours and a half after the poison had been taken. Patient vomited twice after two cups of coffee. Her condition was really alarming; she had tonic convulsions; was somnolent; had also violent headache, and a most troublesome itching of the skin, especially on the legs and soles of the feet; profuse perspiration; pupils much contracted; pulse 60, small and compressible; respiration laborious; stool and urine suppressed. The patient began to get better about five hours after the Belladonna was first given. Dr. G. continued it at longer intervals and at reduced doses; she still continued to improve, and then *Belladonna* symptoms were manifested, dilated pupils, etc. The Doctor then discontinued all medication, and the patient recovered rapidly. She took, in all, six grammes of *Belladonna.*—*Bull de Thür. Schm. Ihrb.*, 1868.

VARICOSE ULCERS

Are successfully treated with *Acid. Hydrocy.* 6 or 7 dilut., two or three drops four times a day.—*Dr. Schuessler.*

WHOOPING COUGH.

Dr. S. says, his treatment in this disease is as follows: He gives first, for eight days, *Ledum*, then, if necessary, *Cuprum* for the same period. Frequently he has found *Ledum* sufficient; he has never been obliged to give another remedy after *Cuprum.*

This certainly would be a God-send, if we could arrest whooping-cough in such a short time, and with so little trouble. We fear our author is too sanguine or too enthusiastic, but we will give the treatment a trial, having now the best possible opportunity, as we have for the past five months prescribed for from one to fifteen cases daily.

HYDROCELE.

Arsenicum is said to be the best remedy for this disease; having seen no results from the other remedies which are recommended.

Polypus of the nose (one case) removed in a few weeks, with *Nitrum*, 3 dilut.—[*Allg, Hom. Ztg., Bd.* 78, S. 38.

Conium and Arsenicum has been recommended by the physicians of Dresden in Lupus.

Conium has also been found of great value in some cases of Angina. *Lithium Carbo.* promises much in diseases of the eyes, especially in amaurotic conditions.

Pulsatilla 9, a few drops in one-half cup of water, a dose morning and night arrested a very obstinate vomiting in a case of chlorosis, a girl aged 19 years.

Meningitis Cerebro-Spinalis.—Three cases reported cured with *Arsenicum*, by Dr. Bakody.

Ischias.—The pains were worse while sitting and lying, and during the night; walking would give relief. The patient (Dr. Orth) recovered in a short time. *Mercur.* followed by *Rhus.* were the remedies.

Podagra.—In acute attacks, with inability to walk or move about; not improved after proper perspiration; Dr. Stens found *Mer.* 3, morning and night a dose, to shorten the attacks, and restore the patients in five or six days.

Ileus—With stercoraceous vomiting in a man of 63 years of age. The patient had been under Allopathic treatment for three days. *Acon., Bella.* and *Nux.* given without benefit. On the third day of the stercoraceous vomiting the countenance was very much sunken, and the pain very violent; the abdomen hard and drawn together. *Opium* 6, two doses, of no avail; *Plumb.* 200, was now given, and four hours after it a normal discharge followed, and with it the patient was restored.—[*Dr. Sulzer.*

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Ileus—Also with fæcal vomiting. There was much heat and dryness of the parts of the body which were covered, and profuse perspiration on the uncovered parts. *Thuja* was the remedy in this case.—*Ibid*—[*Allg. Hom. Zeitg. Bd.*, 78, S. 63.

J.

FOREIGN ITEMS.

Translated and Arranged for the Homœopathic Observer.

Dr. Ladelci, a Homœopathic physician in Rome, has been appointed as professor of botany in the University.

The *Bibliothèque Homœopathique*, published in Paris, contains the good news, that "*La Tribune Médicale*," an Allopathic journal, has opened its pages for discussions on Homœopathy. This is as it should be, and we opine the time is not very distant when other respectable medical journals in France, Germany, and, we hope, also in America, will have the good sense to show the same liberal spirit. Already some of the continental journals quote extracts from Homœopathic works and periodicals; these, however, mostly pertaining to the physiological actions of drugs. Our last file of German journals contains many citations from the various Homœopathic periodicals of this country. We find that they translate mostly practical matters, leaving the polemical articles and the various personal pen-fights (which play such an important (?) *role* in some journals of late) severely alone, allowing *us* to enjoy (?) to repletion, their many-worded battles.

During the year 1868, there were treated at the Poliklinik, in Leipsic, 3778 patients—348 more than during the previous year.

Dr. Clotar Mueller, of Leipsic, formerly editor of the German Homœopathic Quarterly, and one of the foremost men of the age in the medical profession, has retired from practice, and is sojourning now in Italy.

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AGITATION.—Switzerland is now the field of operation and agitation, in a medical point of view. A Dr. Munk, professor at the University in Bern, has delivered a lecture on Homœopathy, and published it in pamphlet form for circulation. The discourse shows evidently that the learned clinical professor does not know anything of Homœopathy; that his great forte is ridicule, and that he has no regard for truth or honest investigation. His neighbor, Dr. Shaedler, a Homœopathic physician, replied, in a pamphlet of eighty-six pages, and paid his best repects to the reviler in such a manner, that M. flew in a passion, and appeared in print a second time, thus making matters worse than ever. The people, of course, are much interested in this controversy; and, already, an association for the promotion of medical reform, and especially for the dissemination of the truth of Homœopathy, has been organized, embracing in its membership some of the most eminent citizens of the *petite* republic. May success crown their well-directed and humane efforts. J.

Correspondence.

OBSTETRICAL CORRESPONDENCE—No. 2.

BALTIMORE, February 16th, 1869.

DEAR DOCTOR: I send you my notes of a case I was requested a short time ago to see in consultation. The presentation is a very rare one—the only one I have ever seen, and I remember reading reports of but two—one by Ramsbotham, sr., and one by Hewitt, in a recent number of Rankings' Abstract.

Mary T., mulatto, aged thirty, in labor three days, during the greater part of which she states she had been suffering strong pains, but the child did not advance. Upon examination, I found os uteri dilated, head presentation, occipito pubal, large *caput succedaneum*. Passing my hand into the vagina, so as to thoroughly examine for cause of trouble, I found the right foot presenting along with the head, the head at the brim of

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the pelvis, the leg above the malleoli caught between the head and the pelvis. I tried to push the head back, so as to turn, and failed; then to return the foot, and failed. I, at last, succeeded in moving the foot towards the sacrum, so as to admit the adaptation of the forceps, which I applied, and delivered her successfully. The foot and leg were black with venous congestion, and the attending physician informed me afterwards that extensive sloughing occurred.

Ramsbotham lays down the rule, and it should ever be borne in mind, that, when strong labor pains have continued for some time without the labor progressing, a thorough examination of the brim of the pelvis should be made. In many cases, prolapsus of a hand will be detected, or, more rarely, as in this case, of a foot. Now, that we have chloroform at our command, the great trouble in passing the hand into the vagina—the pain to the mother—is obviated. If the foot had been detected early, it could easily have been carried towards the sacrum, and pushed above the head, and the case have terminated as a normal head presentation. Ramsbotham also gives another important caution—that, in cases where the hand is presenting with the head, never to push the head up, as such a course is apt to convert the case into a shoulder presentation.

Yours, as ever, FORCEPS.

HYDRARGYRUM HYDROCYANICUM. s. CYANURETUM MERCURII. (*TRUE SIMILIUM FOR DIPHTHERIA.*)

Editor of Western Homœopathic Observer.

Having seen several communications from Dr. Von Villers, of Dresden, Germany, in the *Neue Zeitschrift feur Homœo Klinik*, of the extraordinary success with the above remedy in his practice, and having found his statement verified in a recent endemic diphtheria, and knowing that many of our American Homœopathicians are deprived of reading his able reports, I deem it my duty to make the same public, and ask to be pardoned for having this short notice inserted in several medical journals, perhaps about the same time, wishing to have it generally known

as soon as possible. It appears strange this remedy had not been used or thought of in the treatment of this disorder before, as cases of poisoning with it have been long known to produce a pathological condition more similar to diphtheria than perhaps any other known drug. In my hands, potencies from the sixth to the thirtieth have been effectual; but I shall use the higher as soon as I am in possession of the attenuations. I consider topical applications not needed, or entirely useless. Of course I am unable to say whether, in other seasons, the same treatment will suffice, but I believe it will. I will not give cases cured, as every one is sufficiently acquainted with the disease, but will only add, that I have not needed any other remedy to precede or succeed the *Cyanuret merc*, (never alternate.)

I am desirous of testing it also in laryngeal affections (croupy diphtheria); also when there is any diphtheritic exudation appearing in any tissue. Hoping soon to hear from abler pens of similar results, and wishing to be understood as not claiming any originality in this treatment, but believing the praise only due to our immortal Hahnemann, I remain yours, &c.,

DR. C. F. KUECHLER.

SPRINGFIELD, Ill.

Review.

EPITOME OF HOMŒOPATHIC MEDICINES, By Wm. L. Breyfogle, M. D. Philadelphia: F. E. Bœricke, pp. 383, 1869. From the publisher.

A neatly bound duodecimo of 383 pages bearing the above title lays upon our table. To those who desire to avoid the use a cumbersome Materia Medica, and have combined in a compact form, the indications for the use of medicines, of the old Materia Medica, this book will be of service. Since the Epitome of Drs Curtis and Lille, there has been, so far as our knowledge goes, no systematic Epitome of our Materia Medica published. In arranging this work the author states that he has compared Lippe's Materia Medica; The Symptomen Codex; Jahr's Epitome; Bonninghausen's Pocket Book, and Hale's New Rem-

edies, and that he has endeavored to observe four points: 1st. The locality of the actions of the various medicines. 2d. The kind of pain, in general, and in certain organs or localities. 3d. The ameliorations and aggravations. 4th. The concomitant symptoms. At the end of the symptoms of each drug, we are glad to see that the "curative range" of the medicine is added, thereby giving us to understand that pathology is not excluded from consideration. This, to our mind, enhances the value of the book.

But we conceive that the author has given too little attention to the new remedies. In an appendix, consisting of forty-one lines, he gives us: *Aesculus, glab.; Aesculus, hipp.; Apocy, and.; Apocy, cann.; Asclepeas, tub.; Baptisea, tinc.; Caulloph., Dioscora, Erigeron, Hamamelis,* and *Mygale.* These are all valuable medicines, and possess great power over the economy, and should have had much more consideration bestowed upon them, while *Cimicifuga, Hydrastus, Senecio, Sticta,* and *Veratrum Virid,* and many other drugs are not noticed at all.

The Black Cohosh was proved by Drs. Marcy, Paine, Hill, and others, and has a wide range of curative action. The *Hydrastus* was the subject of an elaborate essay, read before the American Institute of Homœopathy, while the *Senecio, Sticta* and many other valuable remedial agents are passed over.

With this exception, the book is an excellent one, and when the second edition goes to press—which we hope will be ere long—we trust that these *new medicines* will receive their due share of attention, even to the exclusion of some that now appear in the book.

THE ACADEMY OF SCIENCES OF PARIS has received the sum of 60,000 francs, the interest of which will, every third year, be offered as a prize for the best essay on embryology.

DR. COHNHEIM, Virchow's assistant in Berlin, has been appointed Professor of Pathological Anatomy at Kiel; Dr. Herman, of Berlin, Professor at Wurtzburg, and Dr. Fisher, of Berlin, Professor of Surgery at Breslau.

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Western Homœopathic Observer.

ST. LOUIS, MO:, APRIL, 1869.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Readers of the Observer, will oblige the Editor if they will forward copies of local newspapers, or similar matters of importance to the profession, all such will be thankfully acknowledged.

☞ Physicians having changed their locations, or desiring to remove from one portion of the country to another, will please communicate with the Editor, that he may note the same. Records of marriages, and deaths of physicians, and other personal news will also be received and noticed.

☞ All exchanges, books and pamphlets must be addressed to the Editor, No. 1418 Washington Avenue.

Editorial.

COMMENCEMENTS.

These are the days of commencements; these the happy hours when former aspirants for medical degrees appear equipped with their parchments in all the glory of newly acquired honors. The general hatching time has come; the Almæ Matres parturiunt and give off hundreds upon hundreds of M. D.'s. The demure student who yesterday finished with the "green box," to-day has received a communication that "his examinations are successfully passed," and he is entitled to the degree of his college. The poor fellow who has crammed and crammed, and, perhaps, d——d his mental capacity for long successive months, until his pantaloons shine from nap removed by the lecture benches, looks up with brilliant eyes and proud expectations for the future. The man on these occasions who *thinks* he "knows it all," is generally the man who knows it not, and may receive a note containing his graduating fee, or a polite invitation to appear before the faculty in conclave assembled for a second trial of his powers, or is requested for his benefit to study "another year."

It may not be uninteresting to give a short account of "the birth-day of medical honors" in America, and to point out the differences between a commencement a century ago and a commencement in eighteen hun-

dred and sixty-nine. In the olden time the distinguished *graduates* were made chiefly to figure on the stage; in our day the distinguished professors do most of the work. The following is an abstract taken from the minutes of the Board of Trustees of the old University of Pennsylvania of June 21st, 1768: "This may be considered the *Birth-day of Medical Honors in America.* The Trustees being met at half an hour past nine in the forenoon, the several professors and medical candidates in their proper habits proceeded from the Apparatus Room to the Public Hall, where a polite assembly of their fellow-citizens were convened to honor the solemnity.

"The Provost, having there received the mandate for the commencement from his honor the Governor, as President of the Trustees, introduced the business of the day with prayers and a short Latin oration suited to the occasion. * * * * * *

"To this succeeded a Latin oration by Mr. John Lawrence—'De Honoribus qui in omni ævo in veros medicinæ cultores colati fuerint.'"

Then followed a dispute whether the Retina or Tunica Choroides be the immediate seat of vision; the argument for the Retina being held by Mr. Cowell, (graduate,) and that against by Mr. Fullerton also an applicant for the Doctorate. After this, the "Questio, num detur Fluidum Nervosum," was argued by Mr. Duffield and Mr. Way (students.) An essay on "Respiration" was read by Mr. Tilton (a successful candidate.) After which, the degrees were conferred by the Provost, and the valedictory delivered by Mr. Potts, (the first in his class,) "on the advantages derived in the study of physic from a previous liberal education in the other sciences." The graduates then received a charge from the Provost and the Professor of Anatomy, Dr. Shippen; the Vice-Provost concluding the ceremony with a prayer.

It will be perceived from the above, that much of the ceremony was conducted by the graduating class; while, in our times, as a general rule, the graduates only walk upon the stage in their best clothes, take their parchments, make a bow, and disappear. Would it not be more interesting hereafter to conduct our commencement exercises in a somewhat different manner, and allow our proficient students to appear before our public, and give such evidence of acquirement that the audience may judge of their capabilities and proficiencies. Not that we mean to advise either Latin orations or discussions; for, in these days of leg-dramas tight-rope dancing, and negro minstrelsy, the people would scarcely be quiet under the infliction; nor, on the other hand, would we find *many* students in our classes who would be able to talk the language of the ancient Roman. But there might be good, sound English essays read,

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and argumentative subjects treated by several of a class, that would add zest to the proceedings and do away with the eternal routine—music—prayers—music, valedictory—music, degrees—music, blessing—music, Amen.

THE PROGRESS OF THE CAUSE.

We are pleased in being able to give to our readers a brief glance at the standing of Homœopathy in different parts of the world, as we have gleaned it from our different exchanges. All great progressive movements have their stationary periods, and their periods of advance. It is as in a mighty battle. Here a battalion stands firm to hold a commanding position; there, with impetuous haste, the artillery moves forward to gain a desired point. Here are the veterans, "firm-paced, and slow," watching with eager eyes, the charges of the light dragoons. All these laboring for the same great end—victory. Our advance guard appears on the move in all parts of the world.

INDIA.

From our far-off exchange, "*The Calcutta Journal of Medicine*," we find that, in "the holy city"—Benares—there has been inaugurated a Homœopathic hospital and dispensary, under the charge of Baboo. Loke Nath. Moitra.

FRANCE.

The Minister of Public Instruction in the Imperial Cabinet, has directed a course of lectures on Homœopathic medicine to be delivered at the Sorbonne, and M. Leon Simon is appointed to the lectureship.

NICE.

Dr. Imbert Gourbeyre, of Clermont, has delivered a course of lectures on Homœopathy at Nice, in the *Grand Salle du Casino*, which were attended by an audience averaging 600 in number.

RUSSIA.

The Ministry of the Interior has granted, in the face of violent opposition, a constitutional organization of Homœopathic physicians of St. Petersburgh.

Warsaw.—Portions of a hospital in this city have been given in charge of a Homœopathic physician, and a central Homœopathic pharmacy has been opened in the same place.

HUNGARY.

The proposal for the establishment of a chair of Homœopathic medicine in Pesth, together with a Hospital, was lately laid before the Parliament.

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GERMANY.

The effort is being made in Leipsic to endow a hospital wherein shall be practiced the Homœopathic system of medicine. Seventeen hundred thalers have been already subscribed to the charity.

ENGLAND.

A hospital has been opened at Malvern in which the patients may be treated by any of the local practitioners in accordance with the several beliefs. In other words, Homœopathic physicians have free access to the wards.

London Homœopathic Hospital.—There will be a festival held during the month of April for increasing the funds of this institution. If this will bear any resemblance to the magnificent dinner which was given some years since, with "his grace, the Duke of Wellington," in the chair, there need be no fears as to the abundant success of the enterprise.

Brighton.—The effort is being made to establish a Homœopathic hospital for children at Brighton.

The Liverpool Dispensary—Is in a most flourishing condition.

SCOTLAND.

A Homœopathic hospital is about being established in Edinburgh. Several of the best physicians of our school have volunteered their services, and it is believed that ere long we shall chronicle the inauguration of the enterprise.

UNITED STATES.

In this country, we have hospitals and dispensaries in New York, Philadelphia, Boston, Brooklyn, Harrisburgh, St. Louis, Chicago, Cincinnati, Cleveland, Pittsburgh, Leavenworth, Newark, Poughkeepsie, Troy, Buffalo, Albany, Rochester and Washington; while in many of these cities efforts have been successful in the establishment of more than one charity. The newly purchased hospital in Cleveland; the opening of the doors of the City Hospital of St. Louis to Homœopathic students, which we chronicled in our last; the auspicious signs of the endowment of very large hospitals in Boston and New York, all are most significant items, and indicate to the observer the progress of the cause throughout the whole world.

SPECIAL INSTRUCTION IN HOMŒOPATHIC MEDICINE.

We take this opportunity of announcing that, with the co-operation of Dr. T. G. Comstock, Dr. D. R. Luyties, and an experienced chemist, we have opened a lecture-room for the benefit of those who desire instruction

in Homœopathic medicine and the collateral sciences. A dissecting-room attached to the lecture-room, affords opportunity for the study of practical anatomy; while clinical lectures at the Good Samaritan Hospital, will assist in the practical instruction of medicine and surgery. The first lecture of the course—on the anatomy of the human mouth—was delivered, on the evening of the 21st of March, to quite a number of students and gentlemen, and we have every encouragement to believe that a private school of instruction may exist in this, as well as in other large cities in this country and on the continent.

The lectures on anatomy and surgery will be delivered by the editor of this journal. Those on obstetrics and diseases of women, by Dr. Comstock; and those on the practice of medicine and diseases of children, by Dr. Luyties.

SYNOPSIS OF THE PROCEEDINGS OF THE NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY.

The Society assembled at half-past ten o'clock, Tuesday morning, February 9, in the Common Council Chamber, in the City Hall of the City of Albany, Dr. Watson, of Utica, in the Chair.

Rev. Dr. Sprague, of Albany, offered an appropriate and feeling prayer.

The President, Dr. Wm. H. Watson, then read his inaugural address.

Dr. W. S. Searle, of Troy, suggested that a committee be appointed on the President's address. Being adopted, it was appointed by the Chair, consisting of Drs. Cook, Payne and Raymond; Dr. Searle having declined a place upon it.

Dr. Smith moved that the reading of the minutes of last year be dispensed with. It was so carried, reconsidered on motion of Dr. L. Clary, and this disposition was then reaffirmed.

The Secretary, Dr. Paine, of Albany, at the suggestion of Dr. Searle, read the prominent features of the proceedings of last year, which were approved.

The President then appointed the Nominating Committee, and the delegates from various institutions reported.

The Secretary offered the following resolution:

WHEREAS, All Homœopathic physicians feel the need of a Homœopathic Dispensatory that will meet the requirements of our advanced science and the approval of our State and National organizations; and it being understood that Dr. Lodge, of Detroit, Mich., has such a work nearly ready for publication; therefore,

Resolved, That the proof sheets of this United States Homœopathic Dispensatory be submitted to a committee on behalf of this Medical Society for approval.

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Dr. Clary hoped that he would not take any such hasty action in endorsing a Dispensatory which might be very good, for all we know, or might not. We do not wish to endorse any book of which we know nothing; if it is good we will buy it, and if it is not, we will not purchase, even if it is endorsed by the Society.

Dr. Holden, of Warren county, requested the motion to lay on the table to be postponed for a few moments, for the purpose of offering an amendment to the original resolution, that the proof-sheets be referred to the committee for examination and report. [Postponed for the Treasurer's report.

Dr. Beakley said that the College with which he was connected was in a flourishing condition. He had suggested to the chairman of the proper committee in the Legislature, that an appropriation should be given to the hospital to be attached, and he wished to impress on his friends that if they could do anything to aid this meritorious enterprise, he hoped they would. We wished to show that a hospital could be supported without aid from the city.

Dr. Cornell said that the Homœopathic Society of Northern New York had passed a resolution deprecating the education of our medical students in Allopathic schools. He thought these views good, and moved the appointment of a committee of three persons to draft resolutions expressing the views of the Society. The resolution was adopted, and the committee was appointed, as follows: Drs. B. F. Cornell, W. Wright, E. C. Bass.

Dr. Wright said that he could not let the remarks of Dr. Beakley pass by without commenting upon them, It was a subject of great importance, and should not be lightly dismissed. When the question of the success of Homœopathy is disputed, we wish to be able to show that in a hospital at home we have had such a result as we say is given elsewhere. Our hospital should be here, and is of more value here than in Europe.

Dr. Beakley said he thought the necessary funds could be obtained among the five thousand physicians of our country by the subscription of a small sum each, and by solicitation from those who have wealthy patients. These patients can be asked for contributions, as the subject is purely charitable.

AFTERNOON SESSION.

Reports were read, on reassembling, from the Albany City Dispensary and the Margaretsville Retreat for the Insane. Dr. Doty said that he was surprised at the successful result of Homœopathic remedies as applied to the insane. He thought that fewer tases of failure would be found there than with any other method of treatment. He read the provisions of a

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bill to incorporate the Margaretsville Retreat for the Insane. Its capital shall not exceed $15,000. We wish to secure this act of incorporation, and every member of the profession should use his influence with the Legislature for this purpose, and for an appropriation. We have a beautiful place, and buildings, with water, and we want to establish it on a firm basis, so that the institution can be self-supporting.

A paper was read from Dr. Morgan, of New York, on Consumption in America.

A note was then read from the Governor acknowledging the invitation of the Society to attend their sessions.

The Auditing Committee, through Dr. Clary, read the following report and resolution:

The Committee to whom was referred the Treasurer's report have performed their duty, and find it correct. and recommend the adoption of the report.

In the evening, Dr. Watson, of Utica, gave a most eloquent and able address, which was listened to with marked attention.

SECOND DAY.

The Committee on Credentials reported, and the election of officers resulted in the following:

President—Wm. Wright, of Brooklyn.

First Vice-President—E. B. Holmes, of Canandaigua.

Second Vice-President—Henry Minton, of Brooklyn.

Third Vice-President—E. P. K. Smith, of Auburn.

Corresponding Secretary—E. D. Jones, of Albany.

Recording Secretary—H. M. Paine, of Albany.

Treasurer—W. S. Searle, of Brooklyn.

Censors—Northern District—H. Swits, W. H. Barnes, C. H. Carpenter. Southern District — H. C. Jones, J. McE. Wetmore, C. T. Liebold. Middle District—C. J. Hill, Norman Getman, George B. Palmer. Western District—R. R. Gregg, G. W. Peer, J. M. Cadmus.

Committee on Publication—H. M. Paine, E. D. Jones, L. M. Pratt, of Albany.

After which the delegates to the different societies and the various bureaux were appointed.

In the evening several important papers were read and discussed, and the Committee on the Inaugural Address of the President reported as follows:

The Committee appointed to consider the Inaugural Address of the President, cordially endorse and recommend the early completion of the Hospital in the city of New York in connection with the Homœopathic Medical College. The suggestions in relation to the establishment of Homœopathic Dispensaries in the State are pertinent, and an increase of their

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number is recommended. With regard to the non-appointment of Homœopathic medical examiners by insurance companies, the Committee recommend action on the part of the County Medical Societies like that taken by the Albany County Homœopathic Society as recorded in the State Transactions for 1866. The Committee consider the formation of County Societies highly important to the promotion of the best interests of Homœopathy and the support of the State Society. The Committee desire to encourage every effort tending to promote the elevation of the standard of medical education and the suppression of empiricism, and with this end in view we would recommend the appointment of a permanent committee on medical education. The Committee cordially approve the suggestions having reference to private and public institutions under the care of Homœopathic physicians and surgeons for the treatment of the insane. All of which is respectfully submitted.

H. M. PAINE,
H. N. AVERY,
E. P. K. SMITH.

The report was adopted.

The attendance of this meeting was large, the papers and reports read were of more than usual interest, and general concord and good will prevailed.

The semi-annual meeting is to be held in New York, on Tuesday, the 14th September. A large attendance is expected.

H. M. PAINE, Recording Secretary.

NOTE.

[We have been furnished by our friend Dr. H. M. Paine with a few reprints of "the proceedings" in full. To those of our readers who desire them they will be mailed.—ED.]

THE MICHIGAN UNIVERSITY.

At the meeting of the Michigan State Homeopathic Convention, held in Lansing, on February 11th, the following preamble and resolutions were adopted:

WHEREAS, The Michigan Homœopathic Institute met in Detroit, on the 17th of September, 1868, and then and there set forth certain facts and made certain declarations as expressive of the views of our branch of the medical profession, touching our rights in the medical department of the University of Michigan; and,

WHEREAS, The Board of Regents still continues to disregard those rights, in defiance of law, justice and equity, in consequence of which a peremptory mandamus has been applied for, and is now before the Supreme Court of this State, compelling them to show cause why they have not obeyed the law, upon which a decision is expected to be rendered at the adjourned meeting of said court in April next; therefore,

Resolved, That we reiterate and re-affirm the declaration we made in September last, and ask the Legislature to defer all legislation upon the question until the Supreme Court shall have rendered their decision; further,

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Resolved, That, in taking this position, we do not wish to do anything prejudicial to the very best interest of the University of the State of Michigan, fully appreciation the glory, honor and reputation of that institution, and we would ask the Legislature to pass an enabling act, giving to the Regents the money already raised by the act of 1867, and what is to be raised for the next two years, providing that the law and proviso remain intact, subject to the decision of the Supreme Court.

On motion, the foregoing report was accepted.

Br. Ellis said he did not quite agree with the other members of the committee. He, therefore, would present the following minority report:

We, as friends of the University, most respectfully ask your honorable body to grant the aid it requires, but at the same time to provide adequately for the teaching of the Homœopathic system of medicine, either in the medical department, as at present constituted at Ann Arbor, or by a new department to be located on the University grounds, or by a branch of the University to be located by the Board of Regents, where the Homœopathic system shall be thoroughly taught by competent professors, said branch to receive such proportion of the special appropriation as will be sufficient for its organization and equipment as a first-class medical institution, with a full corps of teachers, and to issue to its graduates the University degree, and be treated in all respects as a part of the University of Michigan.

On motion, the minority report was accepted.

Moved and seconded, that the majority report be adopted.

Dr. Bagley then proceeded to ventilate the minority report, showing the motives and reasons for bringing up a side show and holding on to it with great pertinacity.

Dr. Ellis spoke in favor of the minority report and in defence of himself and Detroit.

Dr. Fish said he was a Detroit man; he thought Detroit was one of the greatest places in the world: and, after ridiculing Ann Arbor and all connected with it, and venting his sarcasm on the sacred soil of the University, gave place to Dr. Spinney, who spoke some time, and closed by saying the prestige of the University did not amount to anything, for Dr. Fish said it did not; and, if the Doctor thought Detroit would give the most toward having the college, he was mistaken; for he knew of a little town by name of East Saginaw, that would give more by $25,000 than any other place in Michigan; but, for his part, he did not want it there; he could overlook self for the sake of the cause he was engaged in.

THE COST OF RUM.

The following is an extract from a report by Mr. Van Meter, Superintendent of the Howard Mission in New York, on the cost of drinking ardent spirits:

There are in this city 5203 licensed places selling intoxicating liquor.

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Superintendent Kennedy placed policemen at 223 of them for twenty-four consecutive hours, and this is the result: Each rum-hole receives a daily average of 134 visits, making an aggregate of 697,202 per day, 4,183,212 per week, or 218,224,226 visits in one year! Each visit averages at least fifteen minutes. This gives us 5,455,605 days of ten hours each, or 1848 years. At present wages, each one, if sober and industrious, would earn one dollar per day, or $5,455,605 in one year. But this is not all the lost time. The time of at least three persons is occupied by each grog-shop to do its work. This gives us 15,609 persons—enough to make a large city. At one dollar per day for each we have (not including Sunday) $4,870,008, or an aggregate of $10,325,603 of wasted time by seller and drinker—a sum sufficient to carry on all the Sunday-school, missionary, tract and Bible societies in the land. But this is a mere fraction of the cost of rum. From the same source we have the following: Each rum-hole receives a daily average of $141 53, making an aggregate of $736,280 59 per week, or $38,286,590 68 per annum, to which add the value of lost time, and we have $48,612,193 68, But the real cost cannot be estimated. Look at the thousands of shivering, hungry, helpless, hopeless little victims. What sum would compensate for loss of character, domestic happiness, ruined husbands, wives, sons, and daughters? for the absence of every ray of light and hope in this and the world to come? Still, were this confined to our Sodom, it would be comparatively a small matter. But the nation is deluged with rum. The rumseller drags down to deepest infamy and woe many of our most eminent statesmen and bravest generals, our most distinguished judges, lawyers, ministers, artists, and profound scholars. The destroyer lurks around our dwellings, watching for us, and those dearer than life to us. The power to put an end to this rests with ministers and the members of their churches. It is for them to say whether the destroyer shall be crushed or not. God and humanity hold them responsible.

General News.

[This Department is under the Supervision of G. H. Morrell, M. D., St. Louis]

Vaccination.—Dr. Loiner, of New York, in a long report upon this subject, claims that, for the purpose of vaccination, the vaccine matter taken from human beings is never productive of injurious results, and is vastly superior to the matter taken from animals.

Hospital.—In the *Malvern News*, we find that, among other improvements, a hospital has been opened at that place for the reception of persons suffering from accidents, in which the patients may be treated by any of the local medical practitioners, according to their several desires.

Prodigy.—New Jersey has produced a boy who, at the age of twelve years, weighs 300 pounds.

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MISSOURI DENTAL COLLEGE.—The commencement exercises of college were held in Polytechnic Hall, St. Louis, on Monday, March Thirteen students received the degree of D. D. S.

A GERMAN lady has received her diploma as doctor of dental surg at Philadelphia.

PURULENT OPHTALMIA OF INFANTS.—We take pleasure in pla before our readers the treatment employed by Dr. Leadam. It is simple, and, at the same time, efficacious. Sponge the eyes freque with very warm water; keep the infant as much as possible in the d especially avoiding the light from the fire and the sun; and admini *Aconite*, 30th dil., two globules every three hours; when the state kn as granular lids has supervened, *Zincum Metal.*, 5th dil., should be gi —[*Hom. Review.*

IN reply to Dr. Foster, I would say that I have cured several case chronic enlargement of the tonsils by the use of *Merc. Bijod*; but, wh ever the glands have become hardened, as well as enlarged, I have fo it necessary to resort to the knife as the only means of relief.

ALLOPATHIC.—A new medical college has been organized at Det Michigan. It is to be called the Detroit Medical College.

MISSOURI MEDICAL COLLEGE (ALLOPATHIC.)—The commencement e cises of this school were held in Polytechnic Hall, St. Louis, on Ma 2d. The degree ef M. D. was conferred upon thirty students.

EPILEPSY.—Dr. Herman Beigel recommends the subcutaneous injec of morphia immediately before an apprehended attack, as a mean warding off, or of modifying its violence.—[*Lancet.*

BOSTON is laboring under an infliction of 574 doctors, about sixt whom are Homœopaths.

SCARLET FEVER,—Both in the simple and malignant form, is q prevalent in the New England States. It is not confined to child alone.

HOMŒOPATHIC MEDICAL COLLEGE OF MISSOURI.—The commencem exercises of this college were held in Polytechnic Hall, St. Louis, on 25th of February. The past session has been a successful one. Pr were awarded to the graduating class as follows:

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Silver medal to James A. Campbell, St. Louis, for greatest proficiency in chemistry.

Silver medal to John Keck, Cairo, Ill., for greatest proficiency in midwifery and diseases of women.

Operating case to James S. Read, Pittsburg, Penn., for best anatomical preparation made in dissecting-room.

Digitalis in Delirium Tremens.—G. E. Gascoigne, Assistant Surgeon Royal Artillery, says: I have now treated eleven cases of delirium tremens with *Tinc. of Digitalis* with success. The dose used has been from four to twenty-eight drachms, the patients being carefully watched that no symptoms of medicinal poisoning are excited. Neither wine nor spirits of any kind were given during the treatment, but the patients were allowed as much beef-tea or meat as they desired. The advantages claimed for this remedy are: a tonic action on the heart, a sedative upon the nervous system, a rapid induction of sleep and cessation of delirium, and, last, a shortening of the disease, which readily yields in from one to three days at most.—[*British Med. Journal.*

Coraline.—It being known that socks and other underclothing dyed by coraline, exercise a very deleterious influence upon the skins of the wearers, producing irritation and an eruption, leading, if persisted in, to actual sores, we take pleasure in calling the attention of our readers to the following article:

A French chemist lately took a pair of socks imported from England, dyed a brilliant red (coraline,) extracted the coloring matter, and inserted it under the skin of a dog, and had the satisfaction of seeing the animal die in twelve hours. He then took the coloring matter out of the dog's body, and with it dyed a skein of silk.

Longevity in the Horse.—The favorite horse of Dr. Channing recently died at Portsmouth, at the advanced age of forty-nine years.

Origin of Homœopathy.—Synd Ahmad Bahadow, in his lectures at Benares, states that, in the Hindoo Shastras, the principle of Homœopathy, as now laid down, is extant, and has been so from time immemorable; that among the Arabs, the principle is also admitted; and that Hahnemann only brought the system to maturity by a uniform observance of the rules.—[*British Medical Journal.*

Dr. Reith.—The action of the doctors at the Aberdeen Infirmary continues to be the constant theme of discussion among physicians and

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journalists, and no doubt will be the means of greatly advancing our interests.

DEATH FROM CHLOROFORM.—"The Med. Press and Circular of November, 1868," contains an account of the death of four persons from the effects of chloroform, given for different operations. These cases serve to illustrate the dangers which exist in its administration, even in the hands of skillful persons.

MATERNAL.—Dr. King, of Rockford, Essex, recently attended the confinement of a girl under eleven years of age. Mother and child both well at last accounts. This is probably the youngest example on record; and one, we trust, few will strive to emulate.

A LARGE white Bactrian camel, in Cincinnati, has given birth to a beautiful camel. The young one is about the size of a yearling calf, and is the first of its kind born on this continent.

COLICA PICTONUM.—Dr. Gallinger reports two cases of this disease cured by the use of *Sulphuric Acid.* The particular symptoms indicative of the remedy were: sensitiveness of the region of the stomach to the touch, contractive and pinching pains in the abdomen towards the lumbar region, pressing upon rectum, with nausea and yawning.

HOMŒOPATHY IN PARIS.—We have much pleasure in informing our readers that the Minister of Public Instruction in the Imperial Cabinet, has directed a course of lectures on Homœopathic medicine to be given at the Sorbonne. The lectures to be delivered weekly. M. Leon Simon has been appointed to the lectureship. This step gives our method of practice a footing in one of the most celebrated continental medical schools.

LONGEVITY.—There is in Nashville, Tenn., a woman who has reached the 114th year of her life. Her name is Dinah Vies. She has 400 descendants, and her daughter, aged eighty, lives with her.

REMOVAL.—The New York City Hospital is to be removed from its present situation on Broadway to a site in Bloomingdale. This is one of the oldest, if not *the* oldest hospital in the country. It was first opened for the reception of patients January, 1791.

MRS. WINSLOW AND HER SYRUP.—Mrs. Stanton says such an individual she does not believe to exist, and that the celebrated syrup is com-

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pounded by some ignorant man in whiskers, broad cloth and boots, who lives and fattens on his ill-gotten gains, while babies are sent by hundreds to untimely graves, or made idiots or lunatics for life.

Dr. Gerhard, of Philadelphia, celebrated for his "stethescopic acumen" after a visit to Europe, has unfortunately fallen and broken his leg.

Dr. V. W. Lunderlin has removed from Fort Scott, Kansas, and formed a co-partnership with Dr. Rawdon Arnold, in Mexico, Mo.

PERSONAL.

Dr. M. Mayer, of Leavenworth, has associated with him in practice Dr. Edic, formerly of Utica, New York. Dr. E. was formerly connected with our old friend Dr. Wm. H. Watson, and is very highly spoken of.

MARRIED.

Smith—Greene.—In Melrose, September 3d, 1868, by the Rev. T. B. Thayer, D. D., J. Heber Smith, M. D., to Miss Mary A. Greene. Dr. Smith is a graduate of the Homœopathic Medical College of Pennsylvania.

Burnett—Watts.—On December 10th, 1868, B. J. Burnett, M. D., of Mount Vernon, New York, to Miss Louisa G. Watts, of same place. We wish the bride and bridegroom happiness and prosperity.

OBITUARY.

REV. L. E. NOLLAU.

In St. Louis, on the 19th February, 1869, departed this life, after a severe and lingering illness, the Rev. L. E. Nollau, who has done more for the extension of Homœopathy in the State of Missouri and the surrounding country than any other one man. The Good Samaritan Hospital, which is now known far and wide, was the untiring work of this good man's life; while an Orphan Asylum, where upwards of one hundred children are supported, protected and instructed, is also the result of his long-con-

tinued and arduous labors. Mr. Nollau, or, as the inmates of his charit delighted to call him, "Father" Nollau, was born in Reichenba Prussia, on the first day of July, 1810. He received his education Barmen, at the Mission Institute, where he graduated with distincti He came to America in the year 1833. He visited his native land 1841, where he married, and returned to this country in 1842. In a sh time he suffered a severe affliction in the loss of his wife. In 1846 again visited Germany, and was again married. Being anxious to dev himself to the good of his fellow-men, he then undertook the arduous self-sacrificing life of a missionary to southern Africa. In 1852 he m St. Louis his home, and in 1856 founded the Good Samaritan Hospi and the Orphan House a short time after.

The kindness and benevolence of Mr. Nollau were only equalled by Christianity and his untiring energy in the consummation of those cl itable enterprises which he had undertaken, and which he lived to dispensing benefits to the diseased, the poor, and the forsaken. Dur his illness, through all the tortures of a ravaging cancer, his solicitu for the Hospital and the Orphan House were plainly manifest, while patience and resignation with which he bore his most acute sufferi were a lesson and example to all who surrounded him.

He was most modest in his aspirations and expressions, but firm in prosecution of his duty. He was eminently a Christian in the daily wa of life, and has gone to a just reward.

OPENINGS FOR PHYSICIANS IN THE STATE OF MISSOU

Fulton, Callaway, (railroad building,) county town, 2000, (State Ins Asylum.)

Warrenton, Warren, North Missouri railroad, county town, 1 (many Germans; several tobacco factories.)

St. Charles, St. Charles, North Missouri railroad, Missouri river, (railroads building,) population 3500, (people well off; large manu turing town; great many Germans.)

Liberty, Clay, North Missouri railroad, Kansas City & Cameron road, county town, population 2000.)

Lee's Summit, Jackson, Pacific railroad, county town, 2000 inhabita (rapidly growing.)

Knob Noster, Johnson, Pacific railroad, population 2500, (rapi growing.)

Granby, Newton, population 2000, (large mining town, rapi growing.)

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Rolla, Phelps, South Pacific railroad, county town, population 1800.

Syracuse, Morgan, Pacific railroad, population 1800.

Warsaw, Benton, Osage river, county town, population 1500.

Tipton, Moniteau, Pacific railroad, Tipton & Boonville railroad, population 1500, (rapidly growing.)

Marshall, Saline, (railroad building,) county town, population 1800, (people enterprising and wealthy.)

Miami, Saline, Missouri river, population 2000, (two steamboat lines; large number of Homœopathists.)

Jefferson City, Cole, Pacific railroad, Missouri river, State Capital, population 2000.

Herman, Gasconade, Pacific railroad, Missouri rriver, county town, population 2000, (great wine-making town; great many Germans.)

De Soto, Jefferson, Iron Mountain railroad, population 1800, (growing rapidly.)

ANSWERS TO CORRESPONDENTS.

T. S. V., D. C.—The numbers of the "Observer" have been mailed to you. Let the article for "bye-and-bye" be "as soon as possible."

J. T. T., Mass.—We shall be glad to forward our paper to the institutions mentioned. Will you send a copy of the Gazette to the "Mercantile Library Association" and to the "Polytechnic Institute," of this city?

A. P. B., Penn.—The editor was absent when your letter arrived, and the document was mislaid. An extirpation of the bone may perhaps be the only cure. Will you write again as complete a history of the case as possible?

Dr. B., Maryland.—The work to which you allude is probably Dr. Hughes' Manual of Pharmacodynamics.

Dr. T, Mass.—We shall be glad to receive the cut. Please send it at your convenience.

J. P. W.—The paper came duly to hand, and we are glad to see the notice of the hospital. Since the notice appeared in the "Observer," the Board of Health have designated the days of admission for the students and professors of the Homœopathic College.

B. J. B., N. Y.—Your letter, with the "curious" slip, came to hand. Permit the "Observer to congratulate you, and to request a contribution.

J. M. M., Liverpool.—Your communication will appear in the next number. Will you not favor us with another at your leisure?

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DR. B. HIRSCHEL, Dresden.—The *Neue Zeitschrift Homœop. Klinik* has not come to hand. Please to see that it is forwarded regularly.

DR. J. SCHWEIKERT.—Much obliged for the pamphlet you sent.

BOOKS AND PERIODICALS RECEIVED.

American Homœopathic Observer.

North American Journal of Homœopathy.

Cancer, with Cases Cured: London.

National Temperance Advocate.

Hahnemannian Monthly—February and March.

Saginaw Daily Enterprise, February 16th, 1869.

Daily Jacksonville Journal, February 27th, 1869.

Transactions of the Homœopathic Medical Society of the State of New York.

Transactions of the Fifth and Sixth Annual Meetings of the Western Institute of Homœopathy.

Boston Journal of Chemistry.

Valedictory Address, at the Annual Commencement of the Hahnemann's Medical College of Philadelphia, by H. N. Martin, M, D.

Medical Investigator (March.)

New England Medical Gazette (March.)

Monthly Homœop. Review: London (March.)

Allg. Hom. Zeitung.

Die Cholera. Von Dr. J. Schweikert.

University Journal of Medicine and Surgery: Philadelphia.

Medical and Surgical Reporter—March.

St. Louis Medical and Surgical Journal.

American Journal of Homœopathic Materia Medica—February.

An Address on the Thermometric Gateways to the Pole. By Silas Bent, Esq., St. Louis.

Homœopathy in 1869. By Wm. Bayes, M.D.: London: H. Turner & Co.

Homœopathic World—March: London.

Missouri Dental Journal—March.

The Medical Bulletin: Baltimore.

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THE

Western Homœopathic Observer.

MAY, 1869.

Original Articles.

MEDICINE.

THE TRIALS AND VEXATIONS OF ONE DAY'S PRACTICE.

BY C. A. JAEGER, ELGIN, ILL.

It may appear pretentious for *country* physicians to thrust themselves forward, and address communications to the editor of a medical journal, from the fact that *we* have no opportunity to puff *our* college, our journal, our hospital, or our most prominent physician; but, as I am determined to write an article for you, even at the risk of being tedious, or of having my communication, *nolens volens*, transferred to the waste basket, which, no doubt, you have close to your easy chair; and, having nothing special to puff,* I have concluded to lay before your readers "*the trials and vexations of one day's practice*"—14th day of February, 1869.

* I may, however, say that in our beautiful valley city, the best *watches* ever made are manufactured at the rate of 100 per day. The great National Watch Company is located in this place; and, among the operatives, I find some very enthusiastic admirers of our system of practice, and, also, some of the most unreasonable and stubborn individuals when the subject of Homœopathy is suggested to them.

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Case I. Sunday, at 12½ A. M., called in great haste to s
Mrs. H., in her confinement; was informed "the water h
broken;" hastened as speedily as possible, and, on my arriv
at the house, found patient sitting in bed; child born; moth
with a chill, and extremely nervous. Gave the mother a do
of *Puls.* 2, and severed the cord. Everything right with "t
little blossom." In about half an hour more, I was able
remove the placenta; patient comfortable, warm, and doi
very nicely. The eldest child of the family, a bright girl
eleven years, is highly delighted with her "Valentine."

Case II. Female infant, three and a half months, pneumoni
been attending for two days; fever much lessened, but cough vi
lent at times, and much mucous rattling. *Tart. Emet.*, 2d, hourl

Case III Lady, twenty-seven years, pneumonia of left lun
patient had, forty-eight hours ago, when first called, a viole
chill, followed by convulsions; lower extremities rigid and col
arms and hands convulsed, and also cold; laborious respiratio
with considerable mucous rattle; voice aphonic; great distre
in lower lobe of left lung and epigastrium; lies on her bac
cannot turn on either side; face much flushed; eyes injecte
and very sensitive to light; pulse small, and hardly perceptib
at times. *Gelsem.*, 1st, every ten minutes; hot salt and wat
applied to extremities, and diluted alcohol to chest. After fo
doses of *Gelsem.*, lower extremities became flexible, and t
hands less cramped In another twenty minutes, the han
could be closed, excepting the thumbs, which remained cramp
for quite a time; patient had less distress; coughs with slig
pain; respiration less laborious, but still much augmente
pulse increased in volume, and the lower extremities becam
uncomfortably hot. The patient was evidently in high feve
which continued eight hours, with but little amelioratio
Gelsem. was discontinued, and *Acon.*, 2d, given hourly. To-d
(Sunday) fever greatly diminished; respiration much freer, a
less painful; cough short and dry, with pain in left side; a litt
expectoration; pulse 100, and soft; patient cheerful, and sa
her faith is now strongly grounded in Homœopathy. This
the first Homœopathic treatment she ever had. *Bry.*, 3d, eve
two and three hours, was given to-day.

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CASE IV. Lady, thirty-five years, with scrofulous abscess a little below clavicle; been under my treatment ten days, but had taken *Kali jod.*, *Ferr. jod.*, *Mercury pills*, etc., for some time, and had applied strong *Tincture of Iodine* to the swelling. Yesterday the abscess opened, unfortunately at the upper edge, and discharged healthy pus. To-day there is but slight discharge of a watery character. *Calc. Carb.*, 3d, every four hours, was given, and *Lycoper. Cerate* applied externally.

CASE V. Delicate lady, forty-five years of age, with a complete codex of symptoms, embracing every function and organ of the body; under my treatment for the past three years. I have found that *Sach. Lact.* is about as effectual in her case as any other remedy, and for weeks she is doing finely under it, until some real acute difficulty appears, as, for instance, neuralgia, "sick headache," bronchial cough, etc.; then the proper remedies give prompt relief.

CASE VI. Lady of extremely nervous temperament; has within two weeks made up her mind she would take no more strong medicines; she had been under treatment—"to have her throat burned out"—for some months, and was apparently getting better; but lately her "throat filled up again," and some slight cough gave her much trouble. This woman has nasal catarrh, from which came all the "ulcers in her throat"—which I, however, could not discover. Yet the throat must be cleaned —"burned out"—and so I prepare a weak solution of *Sang.*, and please my patient; for she says, "Doctor, your application is not painful at all, and my throat feels better after it," etc. Yesterday her head felt badly; her tongue was coated; and she said, "I am bilious, and I must have something for it." I explained to her that it was not necessary to take any "active medicine;" that a few days' treatment with appropriate remedies would cause her to feel better; but she, being a very wise woman, and, besides, having had "experience in such matters," told me frankly that she "knew better," and, said she, "If you don't give me something to rid me of this biliousness, my husband will procure me some pills, which will do it."

Now, Sir Editor, what's to be done with such a patient, and hundreds of the same sort? If she had been a man, I would

have told her to go to ——; but to a lady I could not. (By the way, this patient is, indeed, very lady-like, if style of dress and other gew-gaws are indications of ladyship.) Thinking to satisfy her with a few bitter doses, I sent her *Podoph.*, 1st. On my visit this afternoon, she informed me that she had dysentery, and had taken "hot pepper tea," then "hot brandy," and finally "hot ginger tea," but she was not any better. On inquiry, I found that she had a slight looseness of the bowels, without pain, or other discomforting symptoms. That I was slightly vexed, and felt very much like taking my immediate departure without saying another word, I need not tell you; but she had faith in my treatment, and I really did not wish to offend her. A few doses of *S. L.*, and then, "Good day, Madame." My patient is doing very nicely on *Calc. Carb.*, 3d, the discharge from the head is much less, and there are no signs of ulcers (?) in her throat, and but very slight cough.

No. VII. Mr. J. Mc., Scotchman, Diabetes Mellitus of one year standing; had employed several Allopaths, Eclectics, Electrics, and Hydropaths, besides taking large quantities of nostrums. Some six months ago he talked of sending for me, but his prejudice against Homœopathy would not allow it. He feared that we Homœopathists would *starve him*. To-day, however, I was called; but, as the sequel showed, Mr. Mc., did not long adhere to Homœopathy; for, after I had made three visits, he sent me word that my services were not longer required. The patient is one of the most interesting subjects affected with diabetes. There are no symptoms lacking to complete the finest pathological picture of the sugar disease, and I need not dwell upon the description of his case. But, would you believe it, this patient discontinued my services, *because he was getting better* in the short space of a week's treatment—although I disclaim any medicinal effect whatever? His cough and expectoration were greatly lessened; he had less hunger, and, to his surprise, passed less urine from the second day of the treatment. I prescribed *Apis.*, 2d, in solution. But the patient considered himself weaker in physical strength, and on that ground discontinued my services. The fact in the case was, that he had some "*tonic*" to take, which no doubt kept up an artificial

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strength; but, as soon as it was discontinued, he felt the want of it, and, consequently, less vital power, etc. I, of course, attributed his apparent improvement to the discontinuance of his "tonic," he feeling better because, the system being allowed to rest, and the irritation of the bronchi, which was constantly increased by the villainous tonic, was at once lessened, and my patient had less cough and expectoration. The question arises again, What can be done with such patients? I should add here that my dietetic rules were not objected to in the least, in the first instance.

Case VIII. Mrs. P., a widow lady, took too much "Wizard Oil." I was called to day in great haste; found patient stretched out stiff upon the sofa; the extremities perfectly rigid, not able to flex the knee-joint; hands convulsed, with jaws set as firmly as possible; was conscious of all the surroundings. Her whole body was cold; her pulse scarcely perceptible, and intermittent; the eyes closed as if in sound sleep. She had suffered from sick headache, and had taken three tea-spoonfulls of "Wizard Oil," to produce vomiting, but vomit *she did not*, at least not until I had given her a cupfull of salt and water. But how give her salt and water, when her jaws were set? In this case, I could do it most charmingly. The patient fortunately had not applied yet for stone teeth, to fill the spaces where the natural ones had once been, and, therefore, there was ample opening to introduce the point of a tea-spoon. At first, I gave a few drops of *Gelsem.*; then the strong salt and water. By the time I had administered six spoonfulls of it, she began to manifest a disgust for the salty fluid, and she evidently felt the effects of it. I still continued to give it; but she made some resistance, by moving her head somewhat. Meanwhile, I had friction made with hot, wet blankets to her extremities, chest and stomach. The salty solution being administered rather actively, the patient began to be aroused considerably. She made efforts to articulate, but we could not understand her. She, however, made motions with her right hand, which she now could raise, and, pointing to her stomach, gave one to comprehend that she was nauseated. Considering her improving, I still continued the salt and water, and soon saw the good effects of it. A few more violent

efforts, and she vomited her breakfast and the "Wizard Oil" in a liberal quantity. The whole house was polluted with the vile smell of the oil that she vomited. The retching was most violent; the patient appeared in the greatest agony. She still was unable to speak, but her gestures indicated great distress at the stomach and cramps in the legs. After having taken some warm water, she vomited once more, and the ejected matter also contained "Wizard Oil." The patient was completely exhausted; the whole body was of a very high temperature; her face greatly flushed; the pulse frequent; respiration hurried; extremities flexible; and she spoke a few words in a low voice. I then gave her *Gelsem.*, 1st, every hour, and advised frequent sponging with tepid water, giving her a few spoonfulls of oatmeal gruel. She soon had a little sleep, and awoke quite refreshed, but complained of very severe pain in the frontal region, with great soreness in epigastrium. In an hour or two, the heat was much lessened, and she took a little more gruel. *Nux Vom.* was now given instead of *Gelsem.*, and, at 7 P. M., I left the patient very comfortable.

CASES IX. AND X. Lola and May, fifteen and twelve respectively, daughters of Banker D—n; Angina Faucium. I had sent some medicine last night to these girls, and called this evening. I found high fever; throats much inflamed, with small patches of light yellow exudation upon left tonsils; severe headache in Lola's case, with great prostration. The voice was husky in both, with croupy cough and slight difficulty in swallowing. Lola received *Merc. jod.*, 1st, hourly, and *Aco.* during fever paroxysm. May took *Apis. Mel.*, 3d, every two hours. Locally: salt and water compresses. Both patients did nicely, May recovering first, on *Apis.* alone. Lola's fever continued for forty-eight hours, with but brief intervals. *Calc. Carb.* had to be given for several days, for great prostration, depending upon some kidney disturbance. I may add here, that I have been now the physician in this family since May, 1854, and have found that the mother never yet has given a dose of a nostrum, or any other than Homœopathic medicine, to the family. There is no quack medicine kept in this house. What a contrast between this family and those where "hot pepper tea," "tonics,"

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"Wizard Oil," bitters, balsams, and other infernal stuff, are constantly used?

CASE XI. Mrs. M., about thirty-two years of age, pelvic abscess; since the 7th of October, 1868, has been under my care; opened abscess October 15th. This is a most interesting case, and, as I have copious notes of the same, may some time write it out for you. Two physicians—an Eclectic and an Allopath; the latter a gentleman of great reputation, and, indeed, a man of high medical attainment, a graduate of Edinburgh, etc.—gave it as their opinion that, unless the patient could bear cod-liver oil, Nicholson's preparations of iron and bark, whisky, and quinine, etc., etc., etc., she could not live; because the copious discharge of pus from the abscess would, in a very short time, drain the system of its vital fluid. However, the patient is doing well; and, returning from a visit last night, rode seven miles in a carriage, and is quite comfortable after the exertion. The principal remedies have been *Calc. Carb.*, *Acid. Nitr.*, *Merc jod.*, *Hepar. Sul.*, and, occasionally, a few tea-spoonfulls of Boardman's Bitter Wine of Iron. She is now taking *Sang.* for a cold and cough. The abscess still discharging a thin and light yellow fluid.

And so endeth my day's work on February 14th. St. Valentine introduced me to-day to serious, as well as comical scenes; for I have to acknowledge that, when my "*Wizard Oil*" *patient* was out of danger, we had a hearty laugh; and I assure you that some very comical expressions and ludicrous sentiments were gotten off at the expense of "W. O."

A few crumbs of comfort were also gathered from the satisfactory knowledge that some patients will, and *do* appreciate our services. But, nevertheless, the trials and perplexities are many, and leave their traces each day upon the practice, making the dark spots of a physician's life.

THE Western Institute of Homœopathy meets at Ann Arbor, Mich., on May the 20th and 21st.

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Surgery.

L. H. WILLARD, M. D., Editor.

SURGICAL CLINICS AT THE GOOD SAMARITAN HOSPITA

BY WM. TOD HELMUTH, M. D.

NO. V.

GENTLEMEN:—In your practice, you will frequently be calle upon to treat accidents occasioned by fire. These may be eith so trivial as to demand but little attention, or so severe th they will require all your energies to procure relief. Durin these days of steam, coal-oil, and beer-making, the accident very frequent, occurring mostly among the laboring classe Thus, we find brewers, engineers, soap-boilers, manufacture and refiners of sugar, are most subject to scalds, which imply t application of heat, together with a certain degree of moistur while iron-workers, machine-makers, foundrymen, in fact, those who work among metals, are most subject to *burn* Occasionally, we find very severe burns from clothing takin fire from accidental causes. Since my last lecture, I ha treated a case of most severe burn, produced by the cloth accidentally taking fire. The patient, a young girl, was much injured, that she died on the morning of the fourth da The patient before you has suffered severely. He is now bett from the care of my colleague, Dr. Hartmann; but you see t injury has been and is still severe. The accident happened this wise: He was endeavoring to extinguish a large coal- lamp; but, not being able to turn down the wick sufficiencly, carelessly blew the flame downward toward the oil, whi exploded, burning him almost entirely around the neck, on bo ears, on his chest, and his right arm. Before entering mo minutely into his case, let me say to you, that certain su stances, having a greater capacity for caloric than othe

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necessarily produce, under similar circumstances, more severe burns. Thus, molten metal creates a more severe burn than boiling oil, and boiling oil than boiling water. Heated copper is said to be much more severe in its effects than iron, at the same temperature.

There are a great many subdivisions of burns. Thus, some authors make but three:

1. Redness.
2. Vesication.
3. Mortification.

Others, of equal celebrity, divide the accident into four varieties, according to the intensity of the applied heat.

Mr. Thompson, in his "lectures upon inflammation" divides burns—

First. Into such as produce inflammation of the cutaneous texture, but an inflammation which, if properly treated, almost always manifests a tendency to resolution.

Second. Burns which injure the vital powers of the cutis, occasion the separation of the cuticle, and produce suppuration on the surface of the cutaneous texture.

Third. Burns in which the vitality and organization of a greater or less portion of the cutis, is either immediately or subsequently destroyed, and a soft slough or hard eschar is produced.

Dr. Gibson, who held the chair of surgery in the old University of Pennsylvania, and whose work on surgery passed through six editions, treats of burns under three heads—the superficial; the ulcerated, and the carbunculous. While Dupuytren classifies them under six degrees. In the *British Journal of Homœopathy*, vol. xi., p. 97, Dr. Henriques has an able paper on the subject, and adopts the classification of the French surgeon. I have been somewhat particular in mentioning these subdivisions, that you may form a conception of the importance of the accident under consideration. A frightful and dangerous thing is a burn covering a large extent of surface. From the period you are first called, when you may have to cut away the charred and blackened clothing, through the stages of suppuration, ulceration and sloughing, to the time

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of death, or recovery, you require all your energies to relieve your patient.

There is a peculiarity belonging to extensive injuries by fire which I wish you to bear in mind; a peculiarity which, though often occurring, has never been satisfactorily explained. I allude to the *diarrhœa* which often sets in on the third or fourth day after the accident. In the case alluded to in the beginning of the lecture, this symptom was manifested on the day before the death of the patient. In children, perforation of the duodenum has been known frequently to occur.

There may be said to be four periods of danger during the treatment:—

First. Immediately after the reception of the injury, the patient may die from *shock*.

Second. After the third or fourth day, from the sympathetic fever, or sympathetic affections of brain or bowels.

Third. During the period of suppuration, from profuse discharge.

Fourth. That from prolonged irritation, the patient may die of hectic, or even pulmonary consumption.

The degree of danger is measured—first, by extent of surface; second, by the depth of the burn.

Now, how shall we proceed when called to treat a severe burn? What will be the best treatment for Homœopathic surgeons to adopt? It must vary, as in other affections, according to the period of time you are called. If shortly after the accident, you must apply those remedial agents which you know are most Homœopathic. My plan—and I think you will find it as beneficial as any other—is as follows: For the first six hours after the application of the heated substance to the skin, you must apply to the parts a solution of *Cantharides urtica urens*, or *Spts. of Turpentine*—a drachm of either of the above—although I have generally applied the latter—to about four ounces of warm water. Prepare a large quantity of the solution, and, having moistened cloths, apply them to the burnt surface. Be careful not to remove the cloths until you are to dispense with this dressing; but keep them moistened by allowing the solution to drip upon them from a sponge. Do not ever

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apply *cold* water to a burn, or *hot* water to frosted feet. During this stage, you may mix eight to ten drops of the tincture of opium in ʒ iv. of water, and administer it every fifteen or twenty minutes. It corresponds with the stupor, the coma, etc., that belongs to the first period. After six or eight hours, the above dressing must be removed, and such an one substituted as will exclude the air. Very many Homœopathists prefer a thick coating of soap, or *Emplastrum Saponis;* others prefer the immediate use of cotton-batting, a solution of gum, or mucilage, or glue. A very excellent preparation is that of simple white paint, made to the consistence of cream, and laid evenly upon the affected parts, having previously evacuated the serum from the vesicles. Over this lay gently, light layers of cotton-batting, and secure the same with a bandage. I intend to use this upon this patient, and have applied it before with great success. Then comes the stage of excitement, flushed face, glistening eyes, fever, delirium, and restlessness—which last symptom is especially troublesome, if the burn be upon the back. The medicines for this stage are: *Bella*, *Aconite*, *Gelsem.*, *Coffea* and *Cham.*

In a few days, suppuration will begin. At this period, the medicine is *Calendula.* Give it internally and externally, and the results will surprise you. If diarrhœa should supervene, *Arsenicum*, *Phosphorus*, or *Carbo. Veg.*, will probably be called for; or, perhaps, if the suppuration be more profuse than was anticipated, *Hepar. Sulph.*, *Calc. Carb.*, *Caust.*, *China*, or *Rhus. Tox.*, may be indicated.

As the healing process proceeds, the great points to be remembered are the tendency to contraction and adhesions. The latter you must obviate by interposing some dressings between the parts, and the former by motion, splints, or even, if necessary, by incisions.

DISEASE OF THE NECK OF BLADDER.

Here is a patient that is unable to hold his water. He has been in the house some time, and under the care of several of our physicians. He has taken many medicines, but without benefit; and I propose to-day to bring him before you, to endeavor to teach you to pass the catheter, and the method of

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sounding. Before, however, I proceed further, let me say a few words on this magical tube—the urethra! It may be long or short, according to provocation; it may be bent, like the Italic ſ, with its external meatus looking downward; or, with a single curve, it may point majestically to the stars. It passes from the neck of the bladder to the end of the penis, and, generally, is nine inches in length, and is divided into four portions. First, the prostatic, which passes through the prostate gland, about twelve to eighteen lines in length; second, the membranous, (as you see in the diagram,) ten to twelve lines; third, the bulbous, which takes up about an inch of its extent; and, fourth, the spongy, about four to four and one-half inches. Recollect this: a man with a small penis may have a large urethra, and the tube may be of small calibre in an organ of good size. This is a peculiar fact, but nevertheless a true one. Bearing in mind these curves, and recollecting that the triangular ligament is a fixed point through which the urethra passes, you can have little difficulty in performing the operation of catheterism. The patient may sit on the edge of a chair, or lie upon his back in bed, or stand with his back resting against the wall. Take your position on the right side of him, and, raising the penis with your left hand, retract the prepuce. Then, having previously oiled the catheter, and holding it between the finger and thumb of the right hand, with its concavity directed toward the pubis, insert it gently into the urethra. With slight pressure, it moves along the canal until it reaches the sinus of the bulb, which lies on the anterior surface of the triangular ligament. Here is the point where a delicate manœuvre will be necessary. Carry the instrument to a vertical position, and depress it towards the level of the thighs, and it enters—as you see—without difficulty into the viscus.

Incontinence of urine may proceed from several causes. In this, I think, it arises from paralysis of the sphincter. I am afraid that medicine will be of no avail, for he has taken every variety. I shall give him *Bella*, 3d, every four hours, and probably use the battery upon him.

The next patient which I shall show you is one suffering from whitlow. This is a very common and very painful affec-

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tion, and you will meet with it often in your practice. At times we find it originates from bruises, at others from strains, at others from the introduction of a splinter, and very frequently without any known cause. Some surgeons suppose the disease to be a variety of carbunculous inflammation, depending on a constitutional derangement; while others believe it to be of local origin. It is rare to find a whitlow, or felon, as it is generally called, in children, and women are said to be more subject to it than men, although, from the cases which have come under my own observation, I cannot say that the one sex is more liable to the occurrence of paronechia than the other.

There are four distinct varieties; and it is well to bear them in mind, as the treatment is very different in each.

First, is the least severe. There is inflammation around the root of the nail; suppuration soon occurs; the pus is not deep-seated, and is readily evacuated.

While I speak of this suppuration under the nail, let me mention to you a simple fact which may be of service to you. Very frequently the nail is severely bruised, either by the falling of a window-sash upon it, a blow from a hammer, or other accidental cause, blood is extravasated under the nail, and great suffering is produced. In such cases, you may procure almost immediate relief by drilling a hole through the nail with the point of a scalpel, or common penknife, over the point of extravasation. This gives no pain, the suffused blood is pressed out, and the patient experiences almost immediate relief.

In the second variety of whitlow, the inflammatory process attacks the cellular substance under the skin, and the pain is quite severe. In the third, the tendons and their sheaths are implicated; and, in the fourth, the action takes place beneath the periosteum. The sufferings in the last variety are very intense. It is an exquisitely painful throbbing, which becomes almost unbearable, and causes the patient to become well nigh frantic.

In this case, the poor fellow has suffered much. The disease is the third variety. The incisions have been too long delayed; the pus is burrowing towards the palm; and there is but one way of relieving him. Thus: Take a sharp scalpel, and make

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a free incision, about an inch in length, down to the bone, and another on the upper portion of the palm of the hand. Never endeavor to squeeze or press out much pus from a whitlow. The skin of the hand, particularly in the laboring classes, is very tough. You increase the severity of pain; you rather bruise an excessively sensitive part; you may, in fact, add to the mischief. Make your incisions with sufficient freedom, and then apply a poultice composed of ground flaxseed (two parts,) ground poppies (one part.) This is an excellent emollent, and relieves pain. I shall give this man no medicine to-day. I shall cure him without it, and you will see a different expression on his face at the next clinic. When the periosteum is the seat of the disease, there is but little swelling, but much more pain. In this variety, early incision is the rule. Many are the phalanges of fingers that have been lost by not dividing the thick fibrous covering at an early day. Who does not recollect the wood-cut which appears in every surgery representing horrid necrosis from delayed surgical operation?

There is another point to which I would call attention in the treatment, viz.: the importance of cutting away with the scissors the indurated and horny epidermis which has been loosened by the violence of the inflammatory action. This much relieves the patient.

A whitlow of the second variety may often be prevented by the prolonged application of a hot solution of calendula. Thus, envelop the finger in four or five thicknesses of patent lint; have a hot solution of the marigold (one part to four) in a vessel, and, every few minutes, immerse therein the finger. Allow the patient to hold the part in the water until he feels perceptibly the heat; then withdraw it, and cover it with a piece of oiled silk. After a short time, repeat the procedure. Give internally *Hepar. Sulph.*, or *Mercurius.*

Much has been said and written concerning the preventive treatment of this affection by means of the external use of nitric acid. I have tried it often, and have failed.

The only medicine which I have ever known to produce beneficial effects in panaritiæ is *Hepar. Sulph.*. Perhaps I have known good results from *Mercuries;* but I am not certain. My

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candid belief is, that, when the disorder begins, it passes through its regular stages, as do carbuncles and boils, and the sooner the parts are poulticed or incised, the better for the patient. I have used *Ledum* as recommended by Teste, and would have you try it. I have tried *Arsen.*, *Carbo. Veg.*, *Sepia.*, *Mez.*, and *Rhus.*; but have never seen them do any good. But yet I would have you also give them a fair trial; but when you *do* use them, allow your minds to be unbiassed, and, by fair comparison, endeavor to discover which remedial agents are best adapted for the cases in point.

I have yet a case of abscess, two cases of syphilis, and two of phimosis, to which I will direct your attention at another time.

EXCISION OF THE HUMERUS.

BY L. H. WILLARD, M. D.

The excision of the humerus spoken of in the last number of the *Observer*, I am now enabled to report, as, with a great degree of certainty, a favorable prognosis, as to the ultimate results, may be formed. I have some hesitancy in offering to our readers cases not entirely cured, fearing that suppositions may be erroneous, and thus others may be misled.

Miss Sallie C., æt. ten, had measles, from which she recovered slowly. Some four days after the eruption had disappeared, she was playing with her brother, and, by accident, was struck on the left arm, about the upper third of the humerus. The blow produced some soreness—not noticeable, however, at the time; but, during the night following, she complained of pain in the arm, had high fever, and was very restless; the next day, whilst washing her hands and face, had a violent chill, followed by high fever and pain of an intense character in the bruised arm. In this manner, she suffered some days, the pain and fever being of a paroxysmal character. In a short time, a prominent swelling, that had made its appearance on the top of the shoulder, was lanced; after which, the pain, to a great

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degree, subsided. At this stage, I was called. The patient ha very bad night sweats, poor appetite, tongue furred, and, the apex of the scapula, there was a prominent point, fluct ating on pressure. As the little girl was very nervous, a feared the least pain, I applied the freezing mixture, and open the swelling. A great quantity of pus was discharged. Aft this, the night sweats, to a great degree, subsided, and the ne day she could take more food. The pain had subsided; bu along the upper third of the humerus, and to the inner sid where the pain had been seated, there were red spots, whi were on a line with each other. I had made the diagnosis bone trouble when first called, and these spots making the appearance, indicating destruction of the shaft of the bone, considered it absolutely necessary to operate, and relieve t soft parts of pus, as they appeared in a sloughing condition.

The parents, on being informed, consented to the operatio With the assistance of Drs. Hoffman and Rosseau, the operatio was thus performed:

After placing the patient under the influence of an anæ thetic, an incision was made, commencing an inch below th acromion, along the inner side of the deltoid, to a short distan below the insertion of said muscle, and in line of the spo already mentioned. The incision was made to the bone. considerable quantity of pus came from the wound, and, c examining the humerus, it was found in a soft, pasty conditio from its anatomical neck to the insertion of the deltoid muscl With the bone nippers, the humerus was cut at the head, (a that portion of the head within the capsular ligament wa sound,) and sawed off below the insertions of the deltoid. Th muscle, by disease, was detached from the bone. The woun was now thoroughly syringed with tepid water—a portion the water coming out of the wound at the summit of th shoulder, and at the apex of the scapula, thus showing that th pus had burrowed from the shaft of the humerus to these tw points of exit. A mild solution of *Potassa. Chloras.* was throw along these fistulous tracts; the wound approximated by adh sive strips; and the arm put into appropriate splints. Th patient rested well after the operation, and there was little

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no hemorrhage. *China*, 6th, was given every three hours. On the fourth day, removed the splints, and applied an angular tin case with an aperture at the elbow to allow the water to drain off; a weak solution of *Calendula* being applied every three hours. The bowels being in a sluggish condition, and the various remedies tried without the desired effect, the nervous excitement preventing the act of defecation, I applied *Ext. Belladonnæ* to the sphincter, it removed the trouble, and with it, the painful distension of the abdomen.

The discharge of pus continued, but the appetite improved rapidly, sleep was good, and the night sweats ceased entirely. The dressings were made every day by Dr. J. S. Read, who contributed, by his care and attention, much to the rapid improvement of the patient. At the expiration of two months, she could walk about. The splint was then removed, and a bandage applied until the bone had formed of sufficient strength to give support to the wrist. The formation of new bone where the old had been removed, was noticed on the tenth day after the operation.

It has now been one year since the performance of the operation. That portion of the humerus, from the insertion of the deltoid to the elbow-joint, to the attachment of the ligament of the joint, was diseased in a similar manner to the head of the bone; and, during this interval, nature has formed an entirely new shaft for the humerus, and thrown off the old useless portion. It was removed a few days ago, (that is, the remaining portion,) in the shape of a sequestrum. The openings have all healed. The sequestrum was taken out at the wound made during the first operation. It was gradually forced out at this opening, and, when removed, was projecting half an inch.

At present, there is but slight motion at the elbow, or shoulder, but more at the present than two months since. It is but reasonable to infer that she will have a moderate use of the arm; and I predict a very good use of the elbow; for there has been no inflammation at that point, the immobility being produced by the effusion around it—the result of inflammation above at the shoulder. Gradually, this effusion will be

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absorbed, when the elbow, as gradually, will resume its norm functions.

The shoulder, owing to the deltoid having been cut at insertion by disease, and from the inflammation so near t joint, will never recover its normal power; but, as the patie is a vigorous, healthy child, and of an age when reparati power is great, more use may be given to this important arti lation than our sanguine hopes imagine.

During the treatment, *Calc. Phos.*, 30th, was given four tim a day, from the fourth day, for one month, to aid the process bony formation.

Silicea, 3d, when there was pain in the bones, and the d charge had almost ceased. It had a tendency to renew t discharge when the bone pain ceased.

Aurum Met., 30th, when the discharge was very profuse.

Asa., 6th, when the discharge was fœtid.

China and *Phosph.* were given, when indicated; but, duri the last six months, no internal remedy has been used.

The dressings were: *Calendula*, with *Charpie;* then *Oaku* for the offensive discharge. Here I may say the last mention dressing has always in my hands proved of the greatest valu In the army hospitals, during the summer, or on ship-board the tropics, it keeps away the insects; acts as a disinfectant, the tar it contains; and exerts a great influence in promoti healthy granulations. We have used it here, in the Homo pathic hospitals of this place, where the wounds discharge p and always with good results.

The splint used, made of block-tin, answered every purpose not being affected by the discharges, nor absorbing any p The hole at the elbow allowed free exit for the solutions whi were applied.

The after treatment has been with the usual remedies alrea mentioned, aided by the cold water "douche," which exerted great influence in restoring the tone of the limb; also, elect city, which was applied once a day, after the manner call "Faradism." Very little motion has been attempted, as find, when motion or movement of sufficient strength has be employed to give pain, the result is not satisfactory. As t

effusions are absorbed, the arm will gradually resume its normal power.

REMOVAL OF A FIBROUS POLYPUS.

Mr. C. came to the office to have a polypus removed. He complained that, during the past week, he had not slept on account of the mass falling back to the posterior part of the fauces. He could not breathe without opening his mouth, so completely had this polypus blocked up the posterior nares.

On examination, I found a large polypus immediately back of the uvula. It was of a dark red color—from its appearance, indicating one of the fibroid variety. With the assistance of Dr. Wallace, I seized the mass with the volsella, and introduced a long pair of polypus forceps up the posterior nares to the pedicle; then, after twisting them completely around a few times, the entire mass came away unbroken. Very little hemmorrhage occurred. The relief was instantaneous. He could breathe easily. The pedicle was small, and attached to the posterior part of the septum, and to the inner side. Its weight was over half an ounce.

OBSTETRICS.

EXPULSION OF A DISEASED OVUM.

As our mistakes sometimes teach us more than our successes, I send my notes of a case which proved instructive to me.

February 1st, 1869, I was requested to visit, in consultation, Mrs. H., aged thirty, mother of six children.

Her History.—Her youngest child is two years and seven months old; menses recurred before weaning, and regularly returned up to July, 1868. After this period, the flow was more profuse than natural, and continued for six weeks; returned in two weeks; and, in the fall, she had a bloody discharge after every exertion. During this time, she had no pain; was certain she had not conceived, as she had not missed a period up to July, and had never felt as she did in her pregnancies; no

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morning sickness, etc. On January 29th, 1869, she was su
denly taken with flooding; went to bed, fainted, and her phy
cian was sent for. The physician said he had been sent for
a hurry; found her in bed, insensible; features pinched; sk
cold; pulseless. He administered stimulants; applied tampo
bladders of ice over the pubis; and gave *Ergot*, in thirty-gra
doses, every few hours.

PRESENT CONDITION.—Reaction has set in; is very feeb
skin blanched; pulse 125; has ceased flooding; tampon h
been removed previous to my visit; ice is still being appli
and is yet taking *Ergot*. Pressing one hand firmly above pub
with finger in vagina, I felt the uterus larger than normal,
slightly open, but rigid from *Ergot*. Passing my finger throu
the os, I touched a firm, globular mass in utero. The diagno
evidently was to be made between an abortion and a tum
The history of the case—seven months flooding, with no pai
her previous regular menstruation; no rational symptoms
pregnancy—forced the conclusion that it was the latter, and,
all probability, a polypus. And I so stated. I advised, therefo
that all medication should be stopped; that she should be ke
in bed; fed on nutritious, solid food, with as much milk-pun
as she could comfortably bear; and that, when she should ha
recovered from her great loss of blood, the *os* should be dilate
and an effort made to remove the tumor. On the 20th instan
I received a note stating that she suffered all night from pains
severe as those of labor, and asking me again to visit her. C
my arriving at the house, I was shown an ovoid mass of t
size of a large hen's egg, which she had passed without floodin
Upon cutting it open, it proved to be a diseased ovum.

Could I, from the history of the case, have given any oth
opinion? I once before saw hemorrhage last for four montl
when a dead fœtus was passed; but for a diseased ovum
remain seven months in utero, is beyond my experience. M
mistake in this case may prevent some of your readers fro
falling into a similar one.

A few words now on *Ergot* in abortion. No treatment
more common in abortion than *Ergot* in full doses. I have
faith in it. I last year gave it steadily until an ounce of t

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fluid extract was taken, with the result of rendering the os so rigid that the placenta could not be extruded; and such is the action of it in all cases of abortion in which I have given it. My treatment of cases in which I am satisfied abortion must take place, is simple. Give *Gelseminum* until the os dilates; and, if hemorrhage threatens to be dangerous, apply the tampon. *Gelseminum* I give in doses of from one to five drops of fluid extract, frequently repeated. And the more I use it, the more confirmed is my faith in it. FORCEPS.

TWINS—BREECH AND FOOT PRESENTATION.

BY L. H. WILLARD, M. D.

I was called to attend Mrs. B. in her third confinement. Her first child was delivered by the breech presentation; the second, natural.

I found her sitting up in a chair, and complaining of great bearing down pains. I immediately advised her getting into bed, which she did. An examination per vaginam, revealed the bag of waters projecting from the vulva, about the size of a child's head. On rupturing the sac, with the water, came one foot—the breech at the same time engaging the inferior strait. Using the index finger of the right hand as a hook, I passed it around the groin, and assisted the labor by making traction at every pain. During the second effort, the child was born apparently dead. After cutting the cord, the child was dipped in cold water, and rubbed rapidly with a rough towel. At the same time, the arms were lifted above the head, and then brought down to the side, to promote respiration, occasionally artificially inflating the lungs. This was continued for some two minutes, by the nurse and assistants, when the child began to breathe and cry.

While the nurse was attending to this infant, I was at the bedside of the mother; and, astonished at the abundant flow of blood, placed my hand on the abdomen, and found it very large;

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on making an examination per vaginam, felt the second bag of waters, which was ruptured immediately, and, with the water, one arm came down. Without withdrawing the hand, I pushed it up along the spine to the groin of the child, and, with the index finger as a hook, turned it. The breech engaging in the straits—was, after a few pains, born, and the head followed with a very little trouble. The child was dead, and all efforts proved fruitless to restore it.

The hemorrhage was very great, the blood running off the bed upon the floor. The placenta had one common attachment which accounted for the flow of blood preceding the delivery of the second child. The mother was faint with loss of blood; her lips blanched; cold sweat on the forehead; cold feet; and vomiting.

Ipecac, 6th, every fifteen minutes, gave relief, and stopped the excessive flow. After this, she did well, until the ninth day, when she complained of a numbness of the left leg, with great pain in the same. Pulse 120; the leg swollen and white; and the discharge had almost ceased.

Ham., 6th, every two hours; and the dilute solution externally did great good.

This, with *Acon.*, when the fever was high, with great restlessness, and *Pulsatilla* during the last stage of the disease, completed the treatment, and enabled her, at the expiration of six weeks, to move about. The child did well, and at present is very healthy.

Review.

CANCER, WITH CASES CURED. By Dr. Hastings, M. R. C. S. etc. London: Henry Turner & Co. (From the publisher.)

The above is the title of a small pamphlet of twenty-four pages, which treats chiefly of the administration of *Acetic Acid* in cancer and cancerous diseases.

The author does not enter at all upon the etiology, or semeiotics of the disorder, but merely says, that, "so much has been

written upon cancer, that little remains to be discovered respecting it, *excepting its cure.*" He then remarks:

"There can be very little doubt but that cancer is a blood disease, and that, although cancer-cells have not yet been discovered in the blood, 'there is abundant evidence to show that malignant tumors are of *constitutional* origin, that they are *local* manifestations of a *constitutional* disease, that there is something *specific*, probably elaborated from the blood, which accumulates in their elements of structure.' Hence, whatever form the *localized* cancer may assume, whether that of encephaloma, fungus hæmatodes, or scirrhus, it is due to a cancer-cachexia in the blood, and that the *development* of the disease in any of these forms, is merely the *local result* of the *root* of the disease in the blood.

To this I am convinced, in a great measure, may be attributed the want of success in the many *local* remedies—caustic, etc., enucleation, (that is, removal of the tumor by escharotics,) and last, but not least, the *knife*—which have been used for its extirpation; as, by removing the mere *local* result, the fountain-head has been left intact; the diseased branch of the tree has been lopped off, but the *root*, in which the disease was, has been allowed to remain."

He then alludes to the use of *Hydrastis Canna*, *Galium Aperinum*, and the action of mineral waters in the disorder, and then refers to the action of *Acetic Acid* as being best adapted to the true nature of the disease. With reference to the action of this acid upon cancer-cells, he gives the following interesting case of Mr. Bence, quoted from the *Medical Times and Gazette* of February 16th, 1867:

SIR: In a recent report on the clinique at University College Hospital, you mentioned that a case of cancer of the breast, under Mr. Henry Thompson, had been treated by acetic acid injections, but that it was subsequently found necessary to resort to an operation. As the value of Dr. Broadbent's method of treating cancer by injections of acetic acid is still *sub judice*, and as opportunities of examining tumors after injection present themselves but rarely, it may perhaps prove of interest if I give an account of my examination of this tumor, removed fourteen days after injection with the acid, in consequence of the formation of an abscess in the breast.

The tumor presented all the characters of scirrhus, the skin at one spot had been invaded by the growth, and ulceration had taken place. The spot chosen for the insertion of the pipe of the syringe was distant about three-quarters of an inch from the seat of the ulceration, and at about the same distance from the nipple. The fluid employed consisted of dilute acetic acid,

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in the proportion of one part of acid to six of water; about twenty minims of this solution were injected into the two different parts of the tumor, but through the same puncture in the skin. Considerable pain was experienced after the operation, and a large abscess having formed, which required to be opened, it was considered advisable to remove the breast on the fourteenth day.

After removal a section was made through the breast at the spot where the pipe had been inserted. The skin was found to be undermined to the extent of a quarter to half an inch around the margin of the ulceration, and an abscess had formed in the subcutaneous cellular tissue, its wall presenting a highly vascular and softened appearance. Beneath this, but quite distinct from it, was a cavity in the substance of the tumor, of the size of a large horse-bean, partially filled with a soft, glairy substance like thickened mucus, and in parts having a greyish-green puriform character. There was no very distinct wall bounding this space, the surrounding substance of the tumor being softened, and passing almost insensibly into the pulpy condition of its contents. For a space of about one-eight of an inch the mass around the cavity was softened, did not creak on section, and yielded no milky juice when gently scraped. Beyond this distance the substance appeared to be unaffected.

On microscopical examination, the soft pulpy contents of the abscess were found to consist mainly of disintegrated cell structures, free nuclei, and granules; some few cancer-cells were found apparently unaffected. In the softened zone around the cavity, cancer-cells were found in abundance, the nuclei and nucleoli being distinct, and very little change having taken place; here and there cells appeared unduly granular. Beyond this region the juice presented the ordinary characters of scirrhous cancer.

On making a section with a Valentine's knife through the wall of the cavity outwards into the hard mass, the following appearance was distinctly seen under a low power. The tissues forming the wall were homogeneous and dimly granular, becoming gradually less so as they receded from the surface, but still throughout the whole thickness of the softened zone, presenting characters very different from those of the normal scirrhous mass beyond; here the surface was marked by opaque bands ramifying in different directions, evidently consisting of obstructed gland-ducts, and between these were seen faint fibrous bands intersecting one another, the intervals being occupied by a closely packed mass of cells. The general absence of color from this part contrasted with the yellowish hue of the two former. The lines of demarcation were nowhere very defined.

From this it would appear that the solvent action of the acid did not extend very far, and that the disintegration produced was due more to the inflammatory process established than to the chemical action of the reagent on the cell structures.

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After this, the author relates cases that have come under his own observation. Thus, cancer of the liver, cancer of the pylorus of the stomach, etc. One case of scirrhus of the right breast we give in full:

"A lady, æt. forty-six, married, has had children. Two years ago had a scirrhous tumor of the left breast, *enucleated* by Dr. P., *i. e.*, removed by caustic, etc., and though she now finds no inconvenience from the left breast, a short time ago a scirrhous tumor made its appearance in the right breast, on the edge of the pectoral muscle; the glands in the axilla are also tender, and there is pain extending down the arm. The tumor is about the size of a nut, not fixed to the muscle, but is tender to the touch.

This lady was very fearful that years of suffering were again to be her portion.

Her general health was tolerably good, all the functions regular, but she had her rest disturbed by shooting pains in the breast, which occurred at intervals.

I gave her acetic acid, three drops to be taken three times a day for three days, after which she was to pause *two* days, and then repeat the medicine.

A compress, saturated with acetic acid lotion, was to be worn constantly over the breast.

This treatment was continued, with intermissions, for two months, at the expiration of which all pain had subsided, and the *tumor* was gone.

Three months after this she came to see me, saying that for the last few days she had felt pain in the bosom, and feared the scirrhous tumor was coming again; but, after examining the breast, I could discover no scirrhus, nor even hardening, so I attributed the pains to nervousness or neuralgia, the lady being very anxious.

However, I ordered her to take the medicine at intervals as a protection; and as *five months* have elapsed since then, during which time I have heard nothing of her, it may fairly be presumed that she is all right, and that my diagnosis when I last saw her was correct.*

This is one of the many cases which prove that *enucleation*, or even removal of scirrhus by the knife, merely lops off the diseased part, but leaves the disease *intact*, as has formerly been observed, ready to spring up at at some future time, too often not remote."

In the concluding remarks, the author says:

"I have administered this medicine in a great number of cases besides those narrated—such as cancer of the rectum, fungus

*This lady called upon me to-day, (18th November, 1868,) and I am happy to say that there is no appearance of the return of the tumor.

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hæmatodes of the eye, cancer of the breast, stomach, and uterus—in every one of which, the effects of the medicine were excellent, almost invariably allaying, and in many instances completely removing the burning pain, etc., in a few days' time.

Many of these cases I had only under my care for a short time, and some even only partially, as several patients were so situated by circumstances, family connections, etc., that they could not remain under my care to see the result, but had to return home; and owing to my inability to attend others, on account of the distance at which they resided from me, several of them had to place themselves under their former advisers.

But enough has been given, in the foregoing cases, to show what *Acetic Acid*, properly managed, can accomplish in this direful disease; and those who will not be induced to give it a trial, from seeing what it has accomplished in my hands, would not be persuaded were a hundred cases narrated."

We have now under treatment several cases of cancer, and intend to give the *Acetic Acid* a trial. But, in the meantime, we must look with a certain feeling of suspicion upon any treatment of this malignant disease. Any surgeon who has had under his care many cases of cancer, whether of scirrhus or the open sore, must feel it his duty to avail himself of all known means of relief; and also being aware that in the majority, not to say *all*, the cases that have come under treatment, that both medicine and surgery are futile in reference to an absolute cure, *must* feel distrust regarding the *curative* action of a medicine until it is grounded upon large experience of many practitioners.

It would have been of much more service to the profession, the pamphlet had contained more information concerning the *diagnosis* of cancer, and had been more exhaustive in its scope.

We well know how the admirers of *Arsenic* suppose they may cure the majority of cases by its exhibition; how many cures are reported from the use of *Chloride of Zinc* and *Hydrastus;* how many cancer doctors, male and female, infest our community; how many secret nostrums are said to be preserved in families from generation to generation, which with reverential awe are whispered as certain specifics in the disease. Above all, do we remember with a feeling of great dissatisfaction, the *fatal* termination of *most* of the cases that come under our immediate supervision, whether medically or

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surgically managed. While, therefore, we sincerely hope that *Acetic Acid* may be a boon to the cancer sufferer and the profession; while we would recommend a trial of it to others, and use it ourselves, we must await patiently the results of the experiments, and neither allow our patients or ourselves to be disappointed in its action in so malignant and terrible a diseases as cancer.

Correspondence.

FOREIGN.

53 Rodney Street, Liverpool, England,
February 23d, 1869.

I have much pleasure in sending a few notes on medical matters to the *Western Homœopathic Observer*, at the request of its able and accomplished editor.

I trust that my readers will excuse the fragmentary nature of these notes, written, as they are, in the occasional intervals of a laborious practice.

Homœopathy is progressing steadily, both in the profession and among the public, here in Great Britain—perhaps, more rapidly among the latter class than among the former; for the old prejudices against our glorious system still exist in the Allopathic colleges and societies; while new ones arise, or are invented, from time to time, in the ranks of "young physic."

The younger physicians, however—to their credit be it said—are yearly becoming more amenable to argument and experiment in therapeutics; and we have recently had able recruits from the old school ranks to fill the post of house surgeon in our Public Homœopathic Dispensary, Hardman street, Liverpool.

We are far behind you Americans in the number and extent of our public Homœopathic dispensaries and hospitals; but Liverpool can boast of as much accommodation for the poor who prefer Homœopathy as any large town in Great Britain.

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There are here two gratuitous dispensaries—in Hardman street and Wilbraham street (north end.) At the former of which 32,397 consultations were held in the course of the year 1868, and 11,403 at the latter, during the same time.

On the committee of management, we find the names of several clergymen and men of considerable social influence, and the Mayor of Liverpool has usually taken the chair at our annual meeting.

Besides these, there are in the town four private dispensaries for the middle-class, or the more well-to-do of the poor, who obtain their medicine and advice for a small fee. The attendance here cannot be accurately ascertained, as no report is published of them; but I am certain of the good effect they have in spreading our system; for, at my own, many have tried Homœopathy for the first time; and the number of consultations per week has increased from fourteen or fifteen in December, 1867, to sixty or seventy within the last two months.

At Aberdeen, Scotland, Dr. Reith, one of the physicians to the General Infirmary there, has been dismissed, because of his avowed belief in the new system, solely by means of a threatened resignation of all the other medical officers (Allopaths.) As it was, a protest against the conduct of Dr. Reith's colleagues on this occasion, was drawn up and numerously signed; and we understand that a subscription is now being raised in Aberdeen to add two wards to the infirmary, the occupants of which shall be invariably treated by Homœopathy. This movement, then, will most likely turn out well for the cause, and for its clever and honest advocate in that region.

In Rochdale, also, (the residence of the great John Bright, who is personally a believer in Homœopathy,) a new infirmary is to be built, with one ward specially reserved for Homœopathic treatment. Our worthy colleague, Dr. Hayle, of Rochdale, will, I presume, be appointed on the medical staff, when formed. We shall all look with eager interest at the working of these novel experiments.

My belief is, that, in no very long time—for we "Britishers" are now progressing much more rapidly in matters religious, political and medical than of yore—the *public* will force the

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profession to admit us to some of the public hospitals, infirmaries or dispensaries, where the very evident superiority of rational medicine will gradually extinguish the old drugging routine. As Henry Russell says,—

"There's a good time coming, boys;
Wait a little longer."

The Homœopathic Hospital in London will, in April, gather the *élite* of its supporters—among whom are numbered many of the aristocratic families—to a grand banquet, (Lord Elcho, M. P., in the chair,) at which an appeal will be made, and I doubt not nobly responded to, for donations to free the institution from a balance on the wrong side of the annual account. Perhaps I may be able to give the results of this dinner in my next communication.

Our *Homœopathic Directory* for 1869 has just appeared, showing that there are now 271 legally qualified and recognized practitions of Homœopathy in Great Britain and Ireland. A small increase on the number of the preceding year; but numbers of medical men are deterred by the fear of loss of professional status from sending their names to the publishers; while others mix up Homœopathy largely with their ordinary practice, and do not acknowledge. I believe we shall have two additions in this town ere long from the ranks of our opponents. When I read in your journal that Boston has fifty-seven Homœopathic practitioners, while we have only seven recognized Homœopaths, I blush for the conservativeness of my country!

There has been nothing new of importance lately in our professional literature.

Our local society—the "Liverpool Homœopathic Medico-Chirurgical—is meeting every month, and the papers read since the opening of the session have been up to the usual standard of interest and ability.

It is worthy of note that the number of Allopathic chemists who keep and dispense Homœopathic medicines is largely on the increase.

I must now close fearing that this letter has outgrown its proper limits. J. Murray Moore, M.D., C.M., M.R.C.S.

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DOMESTIC.

Dr. W. T. Helmuth:

DEAR SIR: I think a practical work on Mat. Medica is just the thing we need. I have written to Hirschel about it, and I expect by return mail to get the particulars of the plan, and how they intend to work it out. You Western go-ahead men must lend your powerful aid, and America can then be proud of its tribute.

Fraternally, S. LILIENTHAL, 230 W. Twenty-fifth St.

AN APPEAL TO THE HOMŒOPATHIC PHYSICIANS TO AID IN THE ELABORATION OF A CLINICAL OR APPLIED MATERIA MEDICA.

At the last session of the Society of Homœopathic Physicians of Dresden, it was resolved to appeal to all physicians for assistance in this necessary and useful undertaking. Whoever is willing, may take his own choice in the selection of one or several remedies, and is requested to forward such articles, through any editor of a Homœopathic journal, to the central committee of this society. Should any remedy be worked out by several colaborators, the best may be chosen, or, perhaps, the most useful parts be seleeted from all. Every mite will be thankfully received and credited; for it is the duty, as it is in the power of every physician, to gather the clinical experience which he has gained during many years of hard labor, and aid us in the good work. A publisher has already come generously forward, who is willing to give to the world the collected experience of the Homœopathic fraternity, and some of our best physicians have offered to do their share. So, Elb promises to work out *Aconite;* Hirschel, *Bryonia;* Villers, *Rhus;* Wippler, *Apis*, &c. May such good examples urge us on, to follow in their footsteps, and the first volume may appear in print before 1870. The following remedies are proposed for the first volume:

Aconite, Apis, Arnica, Arsen., Bellad., Bryon., Calc. Carb., Chamom., China, Cina, Digitalis, Hep. Sulph., Ignat., Ipecac, Iodium, Mercur., Nux Vom., Phosph., Platina, Pulsat., Rhus, Sepia., Silicea, Spigelia, Sulph., Veratrum.

In the name of the Homœopathic Society of Dresden,

DR. HIRSCHEL, Klinik.

Editors of Homœopathic journals are kindly requested to publish this appeal.

WHY?

Editor Western Homœopathic Observer:

In the *Medical and Surgical Reporter*, March 13, p. 217, Dr. J. E. Garretson, of Philadelphia, says:

In any ordinary hemorrhage where something besides a local means seems necessarry for its arrestation, tincture Erigeron can., given in single-drop doses, each minute, will be found very reliable.

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To give it in larger quantities than this, seems to defeat the end. In epistaxis, or the internal hemorrhages, if not too severe, it is very useful, and seldom fails.

Will some one explain why *larger doses* are not beneficial?

S.

BALTIMORE, March 28, 1869.

DEAR OBSERVER: I have read the article in your journal, descriptive of Dr. Comstock's forceps. You should get him to give the measurements, peculiarities and advantages. I have a great fondness for obstetrics, have a weakness for forceps, and like to see and use all new inventions in that line. His article gives but a crude idea, and no statements by which a pair could be made. My experience is that no *one* pair answer in all cases, and that an obstetrician should have various models. My favorite is a Baltimore forceps, called the Knight's forceps. They have no fenestræ. I suppose their reputation has never extended out West. In New York, I hear, they are largely used. I have never known them to slip, and they are the only ones, in my experience, that have not done so.

Yours, etc., FORCEPS.

Western Homœopathic Observer.

ST. LOUIS, MO., MAY, 1869.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Readers of the OBSERVER, will oblige the Editor if they will forward copies of local newspapers, or similar matters of importance to the profession, all such will be thankfully acknowledged.

☞ Physicians having changed their locations, or desiring to remove from one portion of the country to another, will please communicate with the Editor, that he may note the same. Records of marriages, and deaths of physicians, and other personal news will also be received and noticed.

☞ All exchanges, books and pamphlets must be addressed to the Editor, No. 1418 Washington Avenue.

EDITORIAL NOTE.

This issue of the OBSERVER is without editorial matter, on account of lack of space. The editor, however, would take this opportunity of thanking sincerely his friends for their *substantial* aid since the publication of the "New Series," and would say that the circulation of the paper has increased one-third since the month of January, and that letters of commendation and compliment have been received from all parts of the country. With *such* encouragement, we push on in good spirits. *Interesting communications from Vienna*, from *Washington*, and other cities, *Surgical Notes*, together with many items in the General News department, have been delayed until June.

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General News.

C. H. MORRILL, M. D., Editor.

PERMAGNATE OF POTASH IN ULCERATED SORE THROAT.—Dr. Wo gates of Brighton reports two cases of ulcerated sore throat as cured b gargle of this salt, made by dissolving 4 grs. of the salt in 8 oz's. of wa The throat to be gargled with the solution three times a day. The ular symptoms for which he used the remedy were: The tonsils and palate much inflamed and swollen. The tonsils covered with patche whitish ulceration, painful deglutition, swelling and tenderness of glands of the neck. The remedy not only exercises a curative effect, removes the unpleasant odor of the breath and cools the mouth.

VACCINATION.—The centennial anniversary of the introduction of cination into Russia was celebrated recently at St. Petersburg. The G ernment offered a premium of $2.000 for the best history of vaccinat open to all Europe and all languages.

REMEDY FOR FROST BITE.—Cover the part that is frozen with fl allowing it to remain some hours. The flour will come off quite wet; the circulation will be restored. Then again apply the flour, allowin to remain about the same length of time; this time the flour will com with very little moisture; the blisters, if any, will dry up and the give no further trouble.—[*Journal of Chemistry.*

PREVENTION OF SCARLATINA.—From an article by Dr. Snow, of Pr dence, R. I., *Med. and Sur. Rep.* we eake the following: Extensive ex iments show that Belladonna cannot be relied on, I therefore recomm a trial of Carbolic Acid, as a preventive of Scarlatina, on account of well known power of destroying all microscopic animal and vegetable It is not simply a deodorizer, but it is a destroyer of infection, and best disinfectant known. The best preparation for use in the sick ro is the Carbolate of Lime. This should be kept exposed in the room w the patients are sick, in small quantities, just sufficient to make the tar odor perceptible, at all times.

FISTULA.—Dr. Suss Hahnemann reports three cases of Fistula, suc fully treated by him with the following remedies: Calc-Carb. Silicea, Phosph. and Straphsagria. We quote from his article the follow which we most heartily endorse: "If the Fistula be incomplete or but one opening, it can be cured by Homœpathic remedies, but if complete, surgical interference is necessary."

SENNA.—This time honored drug appears in a new light, and is re mended to us as a specific against "Falling in love," a disease quite alent among school girls. It was first successfully employed by the cipal of a ladies seminary in London, who assures us that a cure is ally effected in from two to three days, but in some obstinate cases a is required. It is given in appreciable doses three times a day, th tient being at the time, kept in close confinement, and on a low diet.

THE SIAMESE TWINS.—Nelaton having given a favorable opinion operation of severing the Siamese Twins will probably soon be perfo

PRESERVATION OF SPECIMENS.—Soft specimens of natural history comparative anatomy, if placed in alcohol, saturated with corrosive s mate, beginning with a low strength of spirits, and increasing at intervals, will become so thoroughly changed and prepared, that may afterwards be kept indefinitely in pure water without any fu alteration.—[*Med. and Surg. Reporter.*

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THE

Western Homœopathic Observer.

JUNE AND JULY, 1869.

Original Articles.

MEDICINE.

PATHOLOGY vs. SYMPTOMATOLOGY.

BY T. S. VERDI, M. D., WASHINGTON, D. C.

This is a question that divides Homœopathic physicians into two classes. It is an object of contention between high and low-potency men. It is not a new question, however, in the arena of medical science. Each has had its adherents, each its antagonists. But I shall not enter into the history of medical philosophy, or into any problematic discussions, as you editors require of us only practical facts. But facts are disagreeable things sometimes, and there is nothing so annoying as to have a pet theory knocked down by a cool fact. Consequently, I apprehend that symptomatologists pure, or those who desire symptoms *only* as an index to therapeutics, unmindful of their pathological meaning, and those who adopt the "key-note" system, as some new medical philosopher style certain symptoms, will find my facts quite "borish."

These symptomatologists seem quite satisfied with themselves; their conscience does not seem to trouble them for an instant,

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I quite envy them. How easy it must be for them to practice medicine! Their patients give them a string of symptoms, which they compare to a similar list in the Symptomen Codex. The resemblance found, the work is done. "The patient *must* get well unless there is something wrong in *him*," as Dr. Newton says of the patient who returns to him sick after he (the doctor) has chased the evil out of him with the tip of his fingers.

If the patient is a little queer, so much the better; he would be sure to have some queer symptoms, and a *queer* symptom makes a good "key-note." What a happy set of fellows these symptomatologists must be! No books to buy, no weary hours over their contents! These purists, these self-styled pure Hahnemannians, must doze away a great deal of their time, while we, less pure, must plunge into our books, into ourselves, to explain and understand the meaning and the relation of this, that and the other symptom, to this or that normal or abnormal condition. Their self-sufficiency must be a source of great comfort and tranquility to them; while we weary our head and our strength in researches, and are never satisfied. New books, old books, magazines, medical essays, we peruse for new light, *more* light, *extra* light, and never find light *enough*. Their slumber must be like that of a baby—a non-overloaded mind, an easy conscience. How delightful! My sleep is too often an attempt, not always a success; my thoughts will go through an elaboration of cellular action, physical agencies, inherent power, toxological effects, natural functions, pure morbid symptoms, symptoms of the "vis medicatrix naturæ," imaginary symptoms, symptoms of bad or good education, inexpressible symptoms; trying all the time to get them to fit, as it were—to agree with physiology, pathology and therapeutics--until, sure enough, I awake, and find I have been asleep, but am not much the better for it. Oh! it is then I exclaim, oh, lucky symptomatologists! and wish I, too, were one, and make a promis eto myself that my next case I will treat purely according to symptoms; and here it is:—

Miss B., æt. twenty-one, dark hair and eyes, fair skin, invaded by a smooth, red eruption.

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HER STORY.—"I have been under the treatment of Dr. S. [an eminent Allopathic physician] for two years. He has treated me during all that time for rheumatism of the right limb. He has done me no good; and to-day he became impatient, and informed me that everybody has some ailings of some kind, and that I must expect to have mine. But I do not mind it, and I come to you for relief."

"Well, Miss, will you be so good as to relate all your symptoms in some systematic way, taking care to leave nothing out?"

"The most prominent symptom is a pain that starts from the right side of my abdomen, runs down the thigh and leg, and even to my foot. This pain is provoked by standing on my feet or walking a long time. It is generally a dull pain, but sometimes very acute and sharp.

"My bowels are irregular—sometimes costive; sometimes I am taken with a sudden diarrhœa, which causes five or six passages within an hour or two, and then stops for twenty-four and forty-eight hours, when I am taken again in the same way.

"My appetite is varied—sometimes very keen; again very poor. Food often distresses me with fullness at the stomach and flatulence in the bowels.

"My menses, although sufficient in quantity, are irregular—sometimes they delay several days, again they anticipate.

"My urine, also, undergoes peculiar changes—sometimes it is perfectly normal, again it is loaded with mucous; and, when I allow it to evaporate, it leaves a kind of crystalization in the form of translucent scales, and sometimes red sand. The urine is always bad after an attack of pain. During the pain, I pass a great quantity of light urine, but, after the paroxysm, it becomes loaded with mucous, and deposits the sediment I have described. Sometimes I am attacked by spasmodic retention of urine, which I pass by drops, and with excruciating pain.

"My head feels weak and giddy at times. My dreams are frightful nightmares.

"I am getting weaker and weaker every day. From being very active and strong, I have become very indolent and weak. My face is a mass of eruption. It used to be very clear.

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"I used to be very fond of cats. Now I have a perfect aversion to them. In fact, I can even feel the presence of a cat in the room without a knowledge of its being in it."

This is the group of symptoms for a symptomatologist. The "key-note" is also very prominent, viz., "*an unaccountable aversion to cats after having been very fond of them.*"

I would beg the symptomatologist pure, if ever one reads this article, to stop a minute, compare these morbid symptoms to toxicological symptoms, and decide, in his own mind, the remedy or remedies which he would prescribe in this case, with a view to a permanent cure. I have done the same thing with little satisfaction to myself, and would desire to know if some one more learned than myself could satisfy his mind that he has the true remedy to accomplish the cure. Then, he may go on reading, and learn my experience.

My First Prescription.—*Saccharum Lactis*, undiluted and unadulterated, twelve powders of two grains each, numbered, to be taken three times a day. Do not laugh, reader; this is a good prescription for me; for I wanted time to think over this case of "rheumatism." You, by this time, know that I have a great *penchant* for pathology; so, even in this case, I could not help, in spite of my promises to myself, dipping into that bottomless gulf, before I prescribed drugs.

Four days after, she returned—and what do you think? "No better," although she had taken the twelve powders as prescribed. You see that, in my first attempt, I was not so fortunate as many of my high-dilution friends.

"Well, doctor, what do you think of my case?" said my pretty, young patient.

"Miss B——, I have thought a great deal over your case, and I have come to the conclusion that you have a *tumor* pressing upon some parts of your abdomen."

"What!" she exclaimed. "Impossible! If you should see my abdomen," added she, laughing, "as flat as a board, you would not think of tumors."

"Nevertheless, Miss B——, there must be a cause for your peculiar symptoms, leaving aside your newly acquired aversion to cats, and I cannot trace those symptoms to anything except

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a tumor pressing upon and interfering with the functions of neighboring organs. Having come to this conclusion, I cannot prescribe any further without making such an examination of the abdomen as would reveal the true condition of things. Therefore, I would beg of you to inform your father and mother of my opinion and my request, and when you have decided I should make an examination, send for me."

My opinion was evidently far from being acceptable to the family, for two weeks passed before I was summoned to make the desired examination.

I placed her on her back, and, upon a superficial examination of the abdomen, I found nothing. I was somewhat disappointed, and almost wished I had made no mention of the dreaded tumor. I then commenced to examine her very carefully, by pressing my fingers hard on every part of the abdomen, when—what!—is it? My blood began to glow in my cheeks. Could I feel a sense of gratified vanity in discovering a misfortune in a human being? Poor humanity! *Vanitas vanitatis!* I did find a tumor, and felt a pride that my diagnosis was correct. Forgive. I thanked pathology that time, however.

In the right iliac region, in the place where the ascending colon turns into the transverse, there was a tumor, hard, unyielding, oval, somewhat flattened on both sides. The probable dimensions were four inches long, three wide, one and a half or two thick. What is it? (Pathology again.) Not ovarian—too high. What, then? Scybala. This, to my mind, accounted for the whole range of symptoms, which, of course, were sympathetic.

The patient was amazed and frightened. Why did not Dr. S. discover this in two years? "*Io ne sabe*," unless he is a symptomatologist pure.

Reflections on Therapeutics.—Intense desire to relieve the patient with Homœopathic treatment *pure.*

Nux v., *Graphites*, *Opium*, *Plumbum*, etc., etc., were given, high and low, carefully for a sufficient time; but no results.

I then commenced a system of copious and solvent enemata, with the hope that they would reach and solve these scybala.

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Unfortunately, while under this treatment she went to N
York.

Before I proceed further, I must state that, within thé l
six months, all the sympathetic symptoms, as I called the
became terribly worse. The condition of the bladder h
become alarming; the urine was loaded with mucous, and,
times, even with blood and membranes. On evaporation, t
urine would yield the crystalizations mentioned by the patie
At times, she was attacked by spasmodic strictures of t
Urethra, which would cause indescribable suffering, and t
water had to be drawn by the catheter. This condition of t
bladder and urine seemed to follow the spasmodic attacks
pain in the region of the tumor.

Homœopathic remedies were effective only in palliating t
symptoms; but, so long as the cause was there, they wou
return.

In New York, Dr. Gray advised the taking large quantit
of sweet oil, and the discontinuation of the injections, as
thought these would only impair the contractility of the col
without result. Dr. Gray had Professor Carnochan to make
examination. Dr. Carnochan examined the urine, also, a
looked for cancerous deposits. Professor Van Buren a
examined the patient, and pronounced the tumor a displac
kidney. He advised no medical treatment, and recommend
the patient should go to Europe to improve her general heal
Wise doctor! It was a very comfortable advice for himself.

My patient returned to me after two months' absence
New York, no wiser for her investigations. The differ
opinions expressed by learned physicians made her anxious a
me vacillating.

"What's in a name?" A great deal, I answer; a great d
for good, and a great deal for evil. I acknowledge that t
name and reputation of Professor Van Buren, Professor C
nochan and Dr. Gray made me timid. The bold treatment
had undertaken I discontinued; and the patient did not i
prove, although she swallowed with a good grace twenty-fo
bottles of olive oil.

The following occurrence and its results confirmed me in t

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principle I always held, that a man need never relinquish opinions of his own to those of men whom he holds in high estimation in the very profession he exercises.

Dr. Baxter, U. S. A., hearing of the above case through some mutual friend, expressed the desire to see my patient, as he had known a similar case. I allowed my patient to go to him. After an examination, he pronounced it a case of unmistakable intestinal concretions—a case like the one he had known to be cured by systematic applications of dissolvent enemas, and the adoption of simple milk diet. I consented that my patient should undergo the treatment.

Three months after, I received from my patient the following letter:

"Within three months I have passed 327 lumps, clayish and hard. I send you specimens. [Some were as large as an English walnut.] The lumps in the box are not the largest. They have come in masses, not singly. The fæces I passed would resolve themselves into a kind of charcoal dust or red sand. *All the sympathetic symptoms have disappeared.* I have no trouble with the bladder; the urine is now normal. I have no paroxysms of pain; no bad dreams. My skin is clear. I am very weak, but gaining strength daily.

"For three months, the only nourishment I have had has been three glasses of milk and water a day; no solids. Now I take a little beef tea.

"I have had no cathartics; only small doses of *Stramonium* or *Hyosciamus*—injections of them; or suppositories to quiet pain or nervousness. I have been cupped and blistered, which seem to have assisted in starting those masses. The galvanic battery has moved the large tumor in the side, which is greatly diminished, and I am now in hope that the last remnant will soon pass off."

This case does not throw much credit on me. Still, I confess it, and give it as an instance in which pathology is indispensable.

Would any sane symptomatologist believe that any attenuation of any Homœopathic remedy could remove the masses of concretions which had thus formed and lodged themselves for

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three years within the pouches of the intestines? We read that the abuse of magnesia, of earth, lime, oatmeal, as in Scotland, and the constant swallowing of bits of thread by sewing girls, have occasioned these Scybala; but how? Not toxicologically, certainly. Would the two-hundreth of magnesia, chalk, charcoal, oatmeal, or of bits of thread, remove these mechanical obstructions? Symptomanians, "key-note" philosophers, speak!

During the sitting of the American Institute of Homœopathy, held in St. Louis last year, I listened to an address of a physician who pronounced pathology as secondary to symptomatology, and quite unnecessary in the Homœopathic practice of therapeutics. It pained me to hear a gentleman of our school, in one of our professional and public assemblies, disavow the very corner-stone of medical science. O! Hahnemann! how didst thou get to thy theory of Psora? O! Borhæve! O! Haller! O! Cullen! O! Hunter! O! Abernethy! O! Pinet! O! Broussais! O! Hoffman! O! Bichat! O! Hufeland! O! Bright! oh! oh! oh! your life's devotion to physiology and pathology was a mistake. Your books are an opprobrium to your history.

How long would Homœopathy stand under such teachings? And yet every day we meet men who represent our school, who express such narrow and illogical ideas, which lessen the respect and confidence of scientific men in our practice.

If a drug is proven by a man of literary culture, will you find the symptoms, as he describes them, in the list of symptoms given by an illiterate man? Again, if a drug is proven by an illiterate, vulgar man, will you find his symptoms in the list of symptoms given by a refined, intellectual, modest, sick woman? And what about young children? Will the longing for candy or the chewing of the thumb be a "key-note?" Dismiss pathology, and how will you understand these poor little sufferers? Will you rely upon the amount of symptoms given by the mother, or by the nurse? The mother will say the child "screams;" the nurse, if Irish, that it "yells;" if a negress, that it "hollers." If the child starts at your coming in, is it nervousness or fright at your ringlets? The child

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becomes nauseated while you are caressing his little cheeks, is that a gastric symptom, or an activity of his olfactory, produced by the exhalations of a chew of tobacco? The child starts from his sleep, and gives a scream—did not the nurse tell the child to go to sleep, else a black old man would come and carry it away?

I do not deny symptomatology any more than I deny words; but, as these convey no meaning unless properly arranged in sentences, so the former convey no meaning unless so skillfully arranged in our mind as to express a pathological condition.

The "key-note" I do not deny, provided you do not select the discordant note for a key. Take the most comprehensive—the symptom expressing the pathological condition *par excellence*, and I will follow your lead—you cannot be far from the truth. The character of a pain describes the nature of the disease, and then it is a good "key-note." But, if I have colic, to take the doubling-up of my body as a "key-note," is simple absurdity.

Mental symptoms must be taken with great reserve. I gave a lady *Apis*, 200th, and she immediately declared that she tasted the honey. A high-dilutionist pure would have made an irresistible note of this fact. The misfortune in this case, however, is that she tasted the honey after she was told that she had taken the *Apis*.

I know people of such ingenious turn of mind that, if I should give them a drug to prove, they would fill a large octavo volume with sensations. A lady told me that she felt as if her "brain was a block of wood." Upon my asking her if she could think while she felt so, she answered that her "brain was so active, running like a locomotive." A block of wood that thinks like the running of a locomotive!! A very comprehensive symptom!

Exaggeration of language, incongruity of expressions, should not be taken as "key-notes" for the selection of a remedial agent So, let us not mount a hobby-horse, and run off to catch the wind.

Let us be moderate, logical and thinking men. Let us study

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each morbid symptom in its pathological bearing, each re
perative symptom of the *vis medicatrix naturæ*. Let us link
these all the sympathetic symptoms, and we will have
intelligible group, which, assimilated by a similar group o
drug's symptoms, we may demonstrate to the benefit of m
kind the great and immortal law of *similia similibus curantur*

[For the Western Homœopathic Oberver.]

STRUMA vs. SYCAMORE BARK.

A case having come under my observation in which w
presented some important features relative to the cure of
aggravated form of struma, bordering upon tubercul
phthisis, I am induced to lay it before the profession, w
opinions appended concerning the means used, which effec
a permanent and speedy restoration to health.

Henry V——, æt. nineteen, of a strumous habit, had b
for several years unable to leave the house, from the effects
an ulcer situated in anterior inferior part of tibia. This ul
would slough and heal alternately, and discharge a fœt
ichorous matter. His appearance was cadaverous; mind in
tive; tinea capitis; eyes large, and deep in sockets; const
hacking cough, which sounded deep within the chest, cav
nous; when walking, his spine assumed the form of a b
making one think a posterior curvature existed; assista
was requisite to sustain him in the semi-upright position; wh
reclining, this curvature did not retain its form, or only p
tially; abdomen sunken; internal fever; pulse ninety-four,
thereabouts; the cuticle presented a pale, ashy aspect; a
with what has been enumerated, we had other concomitants
a wasting disease.

This was the state of affairs at the time the sycamore b
infusion was administered,*, which was in the summer of 18

———.

*The dose was not limited; the patient had free access to the m
icine, and drank as much and as often as he desired. The bath
was frequent.

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Said infusion was given as a *dernier ressort* by the patient's friends; not that they had confidence in it as a curative agent, but merely to palliate the morbific advance. The change was radical from the start; and, after a thorough course of bathing with and drinking this infusion, persisted in for one month, the patient was able to leave the house; and now (April 1st, 1869,) he can work at most anything, and the disease is pronounced thoroughly eradicated by those who are acquainted with the facts of the case.

Now, I would ask, what was the influence exercised by this remedy in the case cited? Was its efficacy owing to the principle upon which all anti-psorics act? or is there material contained within the drug of which we, as Homœopaths, are not cognizant, whose mild, though apparently certain, action in the eradication of struma, is worthy our special attention? The case is not one of isolation. Empirically employed by Allopaths, and in domestic practice, the infusion, taken internally in quantities *ad libitum*, and applied externally as a wash, is known to *cure* tinea capitis and strumous ulcers of the worst form. Its action upon the blood may be equal to *Ferrum*. I have every reason to think so, at least; but not until its pathogenesis is demonstrated by provings and clinical observations, will we be qualified to assent positively that such is the case.

HANNIBAL, Missouri, 1st April, 1869. A. R. CLEMENT.

THERAPEUTIC NOTES FROM FOREIGN JOURNALS.

Translated Expressly for the Western Homœopathic Observer.

EPILEPSY.—A young lady was suffering for two years from epileptic attacks. They would almost invariably appear when she played on the piano, and she was obliged to discontinue using the instrument altogether. The patient was apparently of a healthy constitution; menses rather scant, and accompanied with pain in the right ovary. There was, also, extreme sensitiveness to the touch of the third cervical vertebra. Previous to these attacks, she had paroxysms of cardialgia, and

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for several years, rheumatism in the right shoulder. *Bell.*, was given for a number of days. The menses appearing, ho ever, with violent pain in ovary, *Calc.*, 30, had to be sub tuted. One month after, she had a slight attack. *Bell.* not repeated. The sensitiveness of the vertebræ had dis peared. Some time after, pain in stomach of great viole appeared, which passed away without any medicine; but was now taken with very severe pain in the right shoulder that she was not able to raise her arm. During four mon succeeding, she had no attack, and was well in all respe attended balls, played on the piano; menses regular and pa less. Nine months after, an epileptic attack appeared, wh was of ten minutes duration, while she was performing on piano. *Bell.*, 30, was given, and since that time there has b no recurrence. DR. HAYDEN

EPILEPSY.—A lady had epileptic attacks every two wee preceded by *molimina menstruale.* After every attack, had spasms of the glottis at dinner, which caused her to vor *Caust.*, 30th and 100th, were given during six months, and— to the time of reporting this case—for four years she has h no attacks. The symptom of spasm of the glottis occurs long intervals. DR. METZ

EPILEPSY.—A lad of fourteen years had from ten to twe epileptic paroxysms every day, which greatly affected natural intelligence. An examination revealed nothing fo special diagnosis. One dose *Sulph*, 400, (Jennichen,) w given, upon which the patient was more agitated, the par ysms were more frequent, and more intense. After a we there was a perceptible improvement; he had from four to attacks a day, and these gradually lessened, until they cea entirely. For four months the health of the patient has b good. DR. STENS

ECLAMPSIA INTER, ET POST PARTUM.—The child was de ered by an Allopathic physician, with forceps. He applie large number of leeches and compresses of ice, but the conv sions did not abate. The second day after the confineme the patient was found in a deep coma, the eyes staring; c nosis of the face; dropping down of the lower jaw; inability

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swallow even fluids. The patient was a robust and corpulent woman, and had in her well days frequent attacks of congestion to the head. A few globs. of *Bell.*, 12, were given dry on the tongue, and, in two hours, another dose. The effect of the remedy began to manifest itself two hours after the last dose. She became somewhat animated; she improved; and, on the next day, she was discharged as well. DR. HEYNE.

TUMOR ALBUS.—*Calcar Phos.*, 12, is highly recommended in this disease. IBID.

MENTAL AFFECTIONS.—A girl, nineteen years of age, had palpitation of the heart; was tormented with fear and anxiety. Her face was bloated and red, and there was loss of appetite. She complained of a sense of emptiness in at the epigastrium, as if there was a hole in the stomach. Her thoughts were on suicide. She had attempted to jump into the Rhine, and also to cut her throat. Her menses were regular. The treatment she received in a public institution had no effect. She remained in that condition for two years, when Homœopathic treatment was sought. *Ignatia*, 30, morning and evening; a dose, in globs., caused, after a few days, considerable amelioration of her symptoms. Her appetite soon returned, and a plain and nutritious diet was ordered. *Ignatia* was continued and, in three weeks, she was restored. A slight attack recurred after some errors in diet, but *Ignat.* controlled it at once. The cure is permanent.

CASE II.—A young man, paying tribute to Venus to great excess, was at the point of being transported to a lunatic asylum. He had a few days previously cut his penis with a knife while in a fit of desperation.* Examination revealed considerable abdominal congestion; impaired circulation of the liver, the skin of the face being jaundiced. *Sepia*, 3, in tritr.; one grain, morning and evening, was given. In ten days the man was well, and remained so. Several years have transpired since.

HEMICRANIA.—It is sometimes very difficult to treat this malady successfully, because it is so difficult to arrive at the

* The father, it appears, had also been excessively licentious.

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proper indications for the selection of the remedy. In such cases, *Nux Vom.*, 1st, ten drops to four tablespoonfuls of water, a spoonful morning and evening, should be taken four or five weeks in succession; then omit for a while, to be resumed in the same manner. This treatment will frequently cure radically the complaint. There are seldom any bad effects from this remedy. Dr. Heyden calls attention to *Sang.* and *Spig.* in hemicrania.

Occipital Headache—Occurring in a woman who had been treated months by her Allopathic medical advisers for some disease of a remittent type, with enlargement of the spleen and the left ovary. There was loss of appetite, sleeplessness, with considerable headache. She had most violent attacks of pain in the occiput, which affected the eyes to such a degree that she lost the sight of the right eye, and, still later, that of the left. Nothing abnormal could be seen by an examination of the eyes. *Petroleum*, 4, four drops in four spoonfuls of water; a spoonful to be given hourly. After a few doses, the eyesight returned, the severe pain in the occiput disappeared, and the patient was able to be about the room; and his improvement continued, and patient recovered entirely.

Case II.—A very violent occipital headache in a prostitute, which caused her to act like a maniac, was much relieved by a few doses of *Petrol.*; and was radically cured in a few days. An analagous case, where sexual excitement, palpitation, and great anxiety accompanied the occiputal headache, was greatly benefited by *Petrol.*

Scrofulous Ophthalmia—Where the lids are much inflamed, swollen, and glued together, with ulceration of the cornea, *Hepar Sulph.* is the principal remedy. Sometimes it will be of benefit to alternate it with *Merc.* If there be great sensitiveness to light, *Opium*, 3, as an intercurrent, is far more beneficial than *Conium.* For the remaining spots upon the cornea, *Acid nitr.*, 30th–200th dil., *Argent. nitr.* 30–200, and *Euphrasia*, are the remedies. In scrofulous affections of children, where the eyes do not appear to be much affected, though they are somewhat injected, and inclined to be glued together, with slight sensitiveness to the light, although there may be

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quite a formation of pustules around the eyes, *Sulph.*, 3, will cure these cases in a short time, even if they are of long standing.

FISTULA LACHRYMALIS—Which frequently is mechanically treated without any good result, finds in *Staphysagria*, 30, (a dose at night,) an excellent remedy. In a few weeks the case is frequently cured. *Staphys.* is also highly recommended when the meibomian glands are much smaller and indurated after the inflammation has subsided.

CATARACT, INCIPIENT.—*Silic.* has manifested some splendid actions in a number of cases.

ANGINA TONSILLARIS—Is most effectually treated with *Merc.*, 3; a dose morning and night.

HERPES—Which occur after erysipelas, or during an attack of the same, where there are small pustules filled with a greenish yellow fluid, are cured with *Rhus tox.*, 1, four drops to four spoonfuls of water; a spoonful every morning and night.

TUBERCULOUS CATARRH—With symptoms of phthisis, where ulceration of the intestines, with diarrhœa, is present, and violent cough night and day, with or without bloody expectoration, loss of appetite, night sweats, pale ears, great prostration, etc., is best relieved by *Kali carb.*, 30; one dose every week, followed in some cases by *Kali carb.*; 200.

HÆMORRHOIDS OF THE BLADDER.—There are cases of hæmorrhoidal conditions, where the bleeding from the anus ceases, and the most violent hemorrhages appear from the bladder. This is a most painful affection. *Pulsatilla*, which was indicated, gave only temporary relief, and, finally, none at all. In one such case, *Calchicum*, 1, every hour, removed the distressing complaint in from one to two days; while formerly the severe suffering continued for eight days. STENS.

IN cases of bloody urine, where the patient was previously affected with bleeding hæmorrhoides, *Cannabis* has arrested the bleeding.—METZ.—[*Allg. Hom. Zeitg.*, bd. 77, Nos. 8, 9 and 10. J.

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Surgery.

L. H. WILLARD, M. D., Pa. Editor.

AMPUTATING AT THE KNEE.

In early ages, it was considered almost certain death to open any of the large articulations, and a wound extending into any of the joints was generally sure to produce stiffness, and uselessness of the part. At the present day, experiment and statistics have proved the above opinions to be, to a great degree, incorrect. The former, by cases collected by Dr. Markoe, of New York, and the Academy of Medicine and Surgery, of Paris; the latter, by Sir Astley Cooper, who in his essays on wounds and injuries of joints, has, by his reasoning, and an abundant number of cases, clearly illustrated that the opinion of the older writers on the subjects were fallacious.

To Fabricus Hildanus, is ascribed the credit of first calling the attention of the Profession to amputation at the knee, but like many other operations and medicines, it attracted for a while, then fell into disrepute on account of the then prevalent idea of the great hazard of the undertaking.

Since resections and exsections have come within the arena of Surgery, the impression concerning the danger of exposing joints, or cutting off articulating surfaces has begun to die out, and the old, and almost forgotten operation of Fabricus Hildanus, has received new life, and promises, after many years of apparent neglect, to be again adopted. The rule of Surgery is thus laid down: "That it is better to disarticulate at the knee than to amputate higher up."

The French Academy, during the past fifteen years, have been collecting statistics in regard to this operation, and, although, I do not know the exact rate of mortality, I have been told by Dr. Saumanier, that they now consider it perfectly safe, and advise all operations to be performed at the knee,

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rather than above it. The statistics of which I speak, were not only collected at the hospitals of Paris, or other cities in France, but in the hospitals on their colonial possessions. Thus in the West Indies, where the danger is great from sloughing, or from insects, and where slight accidents of the bones are followed by disease, the Surgeons have carefully recorded their cases, and transmitted them to the Bureau in Paris. It is the same with the hospitals on the Isle of Bourbon, and in South America; so not only have we a mere table of cases from one district, but from almost all latitudes on the globe. In company with the Surgeons in charge of the Charity Hospital, of Gaudaloupe, West Indies, I visited this institution; it was their day for operating. A number of cases were presented, among them one affected with eliphantiasis—the enormous growth extending from the toes to within an inch of the tuberosity of the tibia, the leg being in diameter about ten inches, a case of usual occurrence on this Island. Amputation was considered necessary on account of the sloughing of the soft parts of both the plantar and dorsal surfaces of the foot. From courtesy, they requested that I would operate, and at the knee, according to their custom, by the circular method; which they affirmed in their tropical atmosphere, was followed by far better results than either the flap or semi-lunar.

The cut was made at the superior edge of the tuberosity of the tibia, completely encircling the leg, the flap then dissected up to the condyles of the femur, the patella removed and disarticulation effected by the point of the knife. After tying the arteries, cold water was applied to the stump until all hemorrhage ceased. The surfaces of the wound were then exposed to the air until glazed, when their edges were brought together, with wire sutures, assisted by adhesive straps to make their approximation more complete. A maltese cross, the centre perforated with numerous holes and well oiled was then applied; the perforations, allowing free exit to the discharges, and the oil preventing adhesion to the stump—an old cloth, wet with water was laid over the stump, and a loose bandage completed the dressings. On the third day it is their custom to remove the dressings, unless hemorhage or other unfavorable symptoms

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occur. As I had to leave the Island the next day, I did not learn the result until six months had elapsed, when the Doctor wrote me that the recovery had been good, and the patient was walking about on crutches, the stump well covered and better adapted to an artificial leg than if it had been taken off higher up. The patient was an Indiaman, had been living on the Island four years.

The cases published by Dr. Markoe, are found in the New York *Medical Journal,* most of them being the result of accidents by machinery and railroad cars; out of fifty-one cases, thirty-nine were the result of injury, and of these twenty, or more than fifty per cent. died. The other twelve were necessitated by disease involving the bones and tissues. Of these, ten died, or about seventeen per cent., making for all the cases a rate of mortality of about thirty-four per cent. This may be considered very successful, when we consider the accidents which produce such severe shocks on the nervous system, as almost at times to deprive the patient of that reactionary power so necessary to life. The statistics of the Paris surgeons, exceed the rate of mortality recorded above, and I believe it has been the case very often, that our rates of mortality are less than those of European surgeons. Some writers object to this operation on account of the large condyles of the femur being so prominent as to prevent the Surgeon from getting a sufficiency of vital tissue to form a good stump, but when we consider and examine the best healed, the most serviceable, and those stumps best adapted to artificial legs—we will find those to be the best that have but a thin layer of condensed areolar tissue interposed between the skin and the bone.

Another great objection, and the one that has proved a barrier to the successful adoption of this operation, is the great size of the joint or articulating surface exposed. To this objection we can only compare it to the operation of disarticulating a finger, either a phalangeal articulation, or a meta-carpo-phalangeal—in either of these no bad results follow, in fact it is better to disarticulate, than to saw off a phalangeal bone where no use can be made of the remaining portion.

Let us look for a moment at the results of a disarticulated

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finger. In the first place we have both the outer and inner side of the phalangeal prominences of bone, resembling the condyles of the femur, yet when we examine a stump operated on, it is smooth and these prominences, by the absorbents have, in a great measure, been removed. In the same manner nature removes to the same degree the prominent condyles of the femur. No inflammation, more than is necessary for the healing process occurs. Again we have the operation of Syme, as modified by Perigoff, at the ankle joint; in this operation we have the joint exposed, part of the articular cartilage removed, and the divided os calcis brought up to form the cushion of the heel. The rate of mortality as far as ascertained in these operations is as small as those performed on the foot. I mention these operations to show that in exposing a joint, we have no more danger to encounter than if the bone was sawed off near the same point.

It is claimed for this operation, *first*, that there is not so great a shock to the nervous system, neither is there such a demand upon its reparative power, when compared to amputations above the knee.

Second. There being no muscles severed voluntary motion is not prevented, nor is it painful, neither can there be any retraction by which the ends of the bone may become uncovered.

Third. The bone being left intact, all troublesome accidents likely to follow exposure of the medullary canal or injury by the saw, such as necrosis, osteo myelitis, and pyemia are avoided.

Fourth. The stump is better adapted to an artificial leg, is more serviceable, and bears the weight of the body with ease, having a broader base than when amputated higher up.

There are three different methods of performing the operation, suited to the state of the atmosphere and condition of the patient—they are the circular, semi-lunar and posterior flap. In the circular operation or cuff, the knife is carried around the leg at the superior part of the tuberosity of the tibia, down to the muscles, care being taken that the cut is at a uniform distance from the articulations, this is dissected from the subjacent parts, taking only the fascia and turned up by dissection like the cuff of a coat, until it is brought on a line with the condyles of the femur. The patella is then cut off and

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disarticulation effected with the point of the knife. This operation is almost exclusively adopted in warm climates, where very profuse suppuration frequently occurs, either in this operation or in any other, about the extremities. In the semi-lunar operation or anterior, as it is sometimes called, the large flap is taken from the anterior part of the limb, the small one from the posterior including a portion of the upper part of the gastrocnemius muscle—the first cut is made across the fore part of the leg, just above the tuberosity of the tibia, in a semi-lunar direction from one hamstring to the other. This flap is then dissected up to the articulation, care being taken to include the patella, which is retained—disarticulation is then effected, and the posterior flap, which includes part of the gastrocnemus is made from before backwards. One great advantage in this operation is that it allows free exit to the discharge, the approximation of the edges of the wound being in a dependent position. The patella being retained gives an additional advantage by making the stump rounded and smooth

In the posterior operation the principal and only flap is made from the calf of the leg. The operation is begun by drawing the knife from the part of one condyle of the femur to the other, down to the bone, this is then dissected off the patella to the superior part of that bone, when it is detached from the ligaments and left on the tibia, disarticulation is then effected, and the knife carried from within outwards, making a sufficient flap from the muscles of the calf to cover the stump. In this operation there is no chance for the escape of pus, unless the limb is kept in a dependent position, which would be hazardous, and render the patient restless on account of pain. It should only be performed when by accident or disease there could be no other way to form a sufficient flap to cover the denuded bone.

Another operation, not described in the books on surgery of the present day, is that by which only one flap is made. This is similar to what is called the semi-lunar method, with this exception, there is no posterior flap. The semi-lunar form at the anterior extremity of this flap corresponds to a semi-lunar cut, made with its convexity directed upwards and extending from the inner side of one hamstring muscle to the other. The ope-

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ration is performed in this manner, commencing at the inner side of the outer hamstring muscle, on a line with the condyles of the femur—the knife is carried upwards, then downwards to the lower border of the tuberosity of the tibia, then around this in a semi-lunar manner, and back on the other side, terminating the incison at the point of starting, and making the incision from the inner to the outer hamstring of a semi-lunar shape to correspond in size with the anterior extremity. This is then dissected up to the condyles, the patella cut loose from its ligament and left on the tibia, and the leg disarticulated. If the incisions are made properly the anterior part of the flap will fit exactly with the semi-lunar cut in the poplitial space. One thing is necessary to mention, that only the skin a fascia compose the flap.

This operation affords an excellent stump, and the dependent position in which the flap is fastened will afford an excellent outlet for the discharges. WILLARD

RESECTION OF THE SUPERIOR MAXILLA.

BY ALFRED E. REISS, M. D.—VIENNA, AUSTRIA.

Having had occasion to witness three instructive cases of resection of this bone, I propose giving some particulars of this operation, as it may be of interest to some of the readers of this journal.

The operations in question were performed at the Vienna "Kais. Kon. Allgemeine Kranken Haus," which institution, by the by, is the corner stone of the "Regulars" in Austria.

The opportunity of performing this operation does not often present, even to the best and most renowned surgeons. The pathological alterations occurring in this bone are seldom such as demand resection, other things being equal.

The prevalent opinion that the hemorrhage is so enormous, and the difficulty of controlling the bleeding so great, does not, as a rule, hold good. In the cases above alluded to, the bleeding was controlled with comparative ease.

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Experience has proven the hemorrhage to be much less than might be anticipated, taking into consideration the anatomical labyrinth of the parts concerned, and the many other attendant circumstances brought to bear upon this operation.

After the larger arteries have been controlled, the oozing from the bony meshes and soft tissues remains to demand our attention. This is easily arrested, by the application of only an iced stream of water.

The intensity of the cold need not be very great, as these tissues are very susceptible to impression—being less subjected to the changes of temperature by topical applications than other parts of the body. As, therefore, these parts are more easily impressed, it follows that a moderate degree of cold easily closes the minute orifices of the vessels, which closure, once established, does not easily yield to the *vis a tergo* after reaction has set in. The thrombus is generally quite well formed at the mouth of the vessels at the period of reaction, and is powerful enough to withstand the pressure produced by the circulating fluid. Should, however, this application prove useless, it is time enough to apply some styptic to the wound.

A constant and dangerous complication, during the performance of this operation, is the mechanical obstructions of the air passages by the blood. This blood coagulates, consequently forming (if I may use the term) thrombus of the air passages, causing danger of suffocation. Indeed, Langenbeck lost two cases from this cause, although he gave his patients the benefit of larnyngotomy.

It is an unpleasant duty to put the patients under chloroform, for it renders them unable to cough up the blood, that gains access to the air tube; yet, without chloroform, what patient would submit to such a painful and lengthened operation? To obviate these dangers, the patient is placed in a position to prevent the blood from flowing into the air passages.

He is seated in a *high* chair and strapped to it, with a band passing simultaneously around the patient's abdomen and the back of the chair; chloroform is then administered. The head of the patient is now held forward by an assistant, and the operation begins. This throwing forward of the head gives the

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blood free access from the buccal cavity. With this condition of things only a very small quantity of blood can flow into the larynx. This position also secures the patient an easier respiration than with the head held backward, which was the usual method.

It is wonderful to note the ease with which the three patients overcame the consequences of such severe operation as the excision of the upper jaw. I have inquired into the nature of some other cases operated upon here, and find their termination as favorable as of those which I have observed.

Now to one of these, more in detail: In July, 1868, a man of forty-five, choleric temperament, stoutly built, but very emaciated, with a dirty yellowish color of the face, came to the clinic, asking advice. Upon examination a carcinomatous degeneration was found, involving the soft tissues and bone of the floor of the right nasal cavity, including the remaining portion of the right upper maxillary with its soft tissues, not excluding the orbital plate. The right cheek was wholly intact, and did not partake in the least of the diseased action. Some of the glands were slightly infiltrated. The discharge from the ulcerated surface had a horribly fœted odor, and partially continued to flow down the posterior nares, causing the patient to spit constantly. The appetite had failed long since. In a word, the patient presented the regular cancer *habitus*.

Rather than die in this miserable condition, he consented to be operated upon, as *dernier* resort. The prognosis then given him was unfavorable. However, the cheek being intact, the transverse facial cut was made. The attachments of the soft tissues were separated from the right sup. maxillary to its orbital border of the bone. The whole right sup. maxillary was then separated from its attachments and taken out, including the orbital plate, leaving most of the soft palate intact, as the greater portion was not implicated in the diseased action.

All that could be seen outwardly was the cut extending from the angle of the mouth backwards and parallel with the mouth. In the cavity the *bulbus* was suspended by the three remaining attachments to the orbit, the orbital plate having been removed.

The *septum nasi* was intact. The wound in the cavity was

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washed twice daily with *kali hypermanganicum*, one to ten. The cheek cut healed per *primum*, leaving a slight paralysis. On the first day the cellular tissues of the eye became œdematous and suppuration of the wound in the cavity began to set in; on the second day the patient began to have high fever, for which *Quinin* was given. The *kali* applied as before. On the seventh day the fever began to abate, and suppuration was perceptibly less. From day to day the patient improved, and left the hospital in less than four weeks.

Finally, the movements of the eye were quite fully under control, and the paralysis was almost imperceptible. Of course the patient is not secured from a relapse, but till then he enjoys life and has not, as before, a hell on earth.

REMOVAL OF THE SUPERIOR MAXILLARY AND TURBINATED BONES.

BY WM. TOD. HELMUTH, M. D.

The case which I have to report is one of peculiar interest, and one presenting some points for careful consideration, not only on account of the disease for which the operation was performed, but also in the *apparently* rapid recovery of the patient.

Joseph Vogl, age 49, entered the Good Samaritan Hospital at my suggestion on account of a peculiar tumor involving the upper jaw of the right side, extending forwards and downwards into the mouth, forcing forward the alveoli and the teeth contained therein, and growing, according to the statement of both the patient and his wife, with amazing rapidity. The tumor was turned toward the left side, and the lower eye-lid drawn somewhat downwards. The mass that could be seen by drawing the cheek aside, resembled in many respects the gum from which it appeared to grow, never bled excepting after severe handling and then but slightly; had a peculiar odor, but not that which belongs to encephaloid disease, and appeared to involve the whole bone, excepting the orbital plate, extending upward to the artic-

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ulation of the nasal bones. The patient's health was rapidly failing, and I advised an immediate operation so soon as the system could sustain the shock.

The diagnosis was difficult to make out. There was an absence of symptoms which generally belong to malignant tumor, and that part of the growth which was capable of being examined, presented many appearances of *epulis.* My first impression was that it was the latter named disease, but in reading over "The Surgical Observations" of John Mason Warren, I recollected a passage which I think led to the correct diagnosis of this case. The lines were as follows, p. 64: "Myeloid tumors in the jaw are rare, and at a late stage of their existence are *often distinguished with difficulty* from that external affection called epulis."

Further research justified the opinion, and the examination of the diseased mass since its removal has put the question beyond doubt.

The question as to the malignancy of the tumor was first to be considered, and many of the features which I have found to belong to the so-called heterologous growths were absent. Thus there was entire absence of hemorrhage; lack of proness to ulceration, which is very characteristic to malignant formations, together with the appearance presented by those parts which could be examined, (which in homologous growths, is as a rule, similar to some of the textures of the body on which the formation is found) and the healthy appearance of the integument covering the mass. On the other hand there was an amazing rapidity of growth, some foetor, general depression of vitality, and other symptoms which were of serious import. Now, a myeloid tumor is one which in appearance resembles, after slight maceration, common *suet.* The growths generally occur in bones and in cancellated structure; on section they present reddish or even purple spots in their texture, and present a similar external appearance to epulis. According to Mr. Paget, "they grow slowly and without pain; generally commence without any known cause, such as injury or hereditary pre-disposition; bear considerable injury without becoming exuberant, they are

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not apt to recur after complete removal, nor have they in general any features of malignant disease."

Dr. Gross differs somewhat in his opinion regarding these growths, and his words are so expressive that I shall quote them. He states "that the myeloid tumor is rather rapid in its growth, occurs in both sexes at different periods of life, but more commonly in the young and middle aged than in the old, and is capable of attaining considerable bulk. From its tendency to destroy the structures in which it is developed and from the fact that it occasionally displays a malignant tendency, recurring after extirpation and ultimately causing death, there is strong reason to conclude that they are merely a modified form encephaloid or fibro plastic growth. Nevertheless, in the existing state of science we are not warranted in expressing a very positive opinion regarding the true nature of the disease." These remarks are very applicable to the case in question, and the appearance of several fibrous polypi attached to the nasal bones would appear to demonstrate the filro plastic nature of the diseases, with a tendency to degeneration. After a careful consideration of the facts and some research as to the advisability of the operation, I felt myself justified in removing the bone.

On the 13th day of March, at the hospital, assisted by Drs. Comstock, Franklin, Vastine, Morrell, Shaver, Luyties, and a number of students, the operation was thus performed.

The patient was laid upon a bed with his shoulders and head elevated, and the affected side towards a good light. This is the position advised by Dr. Gross, and really insisted on, but I am persuaded that the upright position in a stout chair is a better posture, preventing the flow of blood into the fauces. After this the patient was thoroughly brought under the anæsthetic influence, and an incision was commenced at the angle of the mouth and carried around the cheek to the zygomatic arch; a second cut was then made parallel to the border of the lower lid, to the lateral margin of the nasal bone of the right side and the flap dissected up. The zygomatic arch was then divided, partly with the saw and partly with the bone pliers. The mass was then separated from the orbit, and the division effected

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through the palate with the pliers. By seizing the tumor with Fergussen's forceps, and depressing it, the tumor was taken away. Parts of it, however, were found adhering to the under surface of the nasal bones, and the growth had invaded the left alveolar processes. This was cut away with pliers, and several polypi, one of them quite large, was removed from the upper part of the wound. The appearance presented by the wound was rather revolting, and a considerable quantity of blood was lost during the operation, though there were but three vessels (the largest being the internal maxillary) which required ligature. I was in considerable doubt whether the patient would survive the operation. The wound was brought together by several points of suture and the patient put to bed.

5 o'clock P. M.—Had vomited much; large coagula in the vessel; feeble pulse, but quite conscious—ordered moderate stimulis and a grain of opium at night.

14th.—Better, great pallor of countenance, no more vomiting, passed a fair night—applied *Staphys* in solution, 1 part to 10 to the wound; beef tea three times daily.

15th.—Some gaping of the wound under the eye; removed two silk sutures and applied silver ones; generous diet.

20th.—Removed all the sutures, suppuration within the mouth, ordered injections of calendula and water, fed the patient well. He is sitting up, good action from bowels.

23d.—Wound healing, excepting beneath the eye, pared these edges and introduced two hare-lip pins.

28th.—Immense swelling of parotid with redness of the part, healing process apparently arrested by diseased action elsewhere. *Merc prot.*, ii., treat every two hours, removed all wet dressings, put the patient on half diet, continued the injections of calendula.

29th.—Redness subsiding, but neither the swelling or hardness of parotid abating. *Baryta carb*, 3d. three grains every three hours. Diet same.

30th.—Swelling and pain abating. Continued treatment.

April 6th.—Improving. From this date the patient improved, had an excellent appetite, there is comparatively little

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deformity, and he left the house about the middle of the mon with every prospect of *present* recovery.

May 21st.—Visited me to-day. There is as yet no tenden to re-appearance of the disease, and he is now doing his da work. I am quite anxious to see whether the disease will turn, but at all events I am satisfied that his life has been p longed by the operation. An examination of the tumor sho its peculiar "*marrowy*" or "*suet-like*" character. The purpli spots on its interior, and a destruction of much of the bone which it was seated indicate it as myeloid.

CASE OF TUMOR OF SUPERIOR MAXILLA OF THREE YEA STANDING.

Willie G. B., aged 16.—Nearly three years ago the left nost commenced to bleed, with a feeling of weight and stuffing in t nose; the hœmorrhage would take place several times per da losing an ounce or so of blood each time. This symptom co tinued a week or so, when it was noticed the cheek upon th side commenced to bulge out slightly, and as the hœmorrha became less frequent the cheek grew larger, the eye also beg to protrude, and the inner side of jaw began to be encroach upon. At this time an Allopath was consulted, who called t disease "*enlargement of the jaw bone.*"

Treatment was commenced with *iod. potass and sassap,* alteratives, with the local application of cold water and iodi with friction. No benefit was derived, and he was first tak to Pittsburgh and examined by several Allopathic celebriti several molar teeth were extracted and the alveolar proc probed; medicine was prescribed, and he came home, havi experienced no benefit whatever from the treatment; he w taken to the city again, and an operation was advised as t only resource, but the patient would not consent. The disea still increased until that side of the face became very mu deformed. The left eye now protrudes, the lower lid is evert and looks raw and red, the nasal fossa is closed, and a slig yellowish fœtid discharge takes place; the palate bone is e

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croached upon and he cannot eat upon that side; he has been free from pains, has headache at times and feels disposed to sleep; appetite has remained good, but he is very much emaciated. He is now entirely blind, the sight of right eye having become impaired over a year ago; he read a great deal while he could see; has had two attacks of very profuse hœmorrhage; the last occurred five months ago, the discharge took place from posterior *nares*, and produced gagging. The blood was *dark, thick and stringy; Crocus sat* 30 was given. He was left in a very exhausted state, and there was a very perceptible diminution in size of tumor, but at this time it is as large as ever. The medicines that have been used are *Thuya occid* externally.

Phos. 200 and 3; Carbo Veg 30; Bell 12 and 200; China 30; Phytolacca 3, at different times, for over two years.

At this time the uvula lays upon the tongue, and he is troubled with frequent desire to take a deep breath, even while eating or drinking has to stop to take breath. Is there any relief to be expected from medical treatment?

UNIONTOWN, PA. A. P. B.

OBSTETRICS.

CASES FROM PRACTICE.

Mrs. K., German, aged 39—her ninth labor began at 9 A.M. 25th April. A midwife was sent for. I saw her at 3 A.M. 26th. She had very severe bearing-down pains, and had been having such from 9 A. M. of the previous night. On examination I found a swelling projecting about an inch beyond the upper part of the vulva, and about an inch and a half broad; tracing up with my finger I found it narrowed as it passed under the pubis, again expanded, and that it was the anterior lip of the os uteri, enormously swollen; the head was impacted, lying obliquely—occiput to the left; no movement of the head during pains. I could not succeed in pushing the head up, to relieve the swollen *os*. I was fearful that craniotomy would have to be resorted to, but de-

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cided to postpone it as long as possible. Emptying the bladd
I passed one blade of the forceps under the head, and act
with it as a lever, after long patience I rotated the head to
pubis. Applying the forceps I succeeded, after two hours t
tion, in delivering a live child, which weighed thirteen pou
three ounces. The mother recovered without a single unpl
ant symptom, and when I saw her, four weeks after her la
the *os* was normal.

Her account was that she was larger during this than in
of her other pregnancies; that her abdomen was very large
hung forward; she had not worn any abdominal support.
her seventh month locomotion was so painful she no longer
her room; at the eighth she was unable to sit down, that p
ture causing such great pain; she had always taken her m
in the erect position.

The cause was, I think, evidently extreme anterior ute
obliquity, the anterior lip of the *os* being caught between
fœtal head and the pubis, the long-continued pressure produc
engorgement, and, I think, fibrinous effusion in the *os*. Suc
condition I have never before seen, nor have I read
similar case. In a case of abortion I found the lip swollen so
to reach the vulva, but it was of an œdematous character.

The cases I have heretofore sent you have been either of
presentation, or marked by some peculiarity. This next one is
the contrary, one of the simplest and most common that oc
to the obstetrician.

Mrs. L., Irish, aged 38, not having been pregnant before
for eleven years, was taken in labor at 5 A. M. on April 17th
saw her at 8.30 A. M.; found her suffering very strong pa
head presenting in the left occipito—anterior position, os di
ing; at 10 the os was fully dilated, head had rotated under
pubis; from this time her pains were exceedingly strong,
purple during every pain, perspiration exuding at every p
At 12 M., the head not having advanced during the previous
hours, I applied forceps, and delivered her of a live child of
pounds weight. Setting aside cases of deformed pelvis—wh
are rare in this country—forceps are employed in two classe
cases—in those in which uterine action is feeble, and thos

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which it is very powerful and labor makes slow progress. This case comes under the latter head—it would in time have terminated naturally, the child would have been born with the head much compressed, elongated, and its bones overlapping. *Per contra*, the mother would have been exhausted, with, in all probability, atony of the bladder. Many obstetricians would, according to books, leave such a case to nature, and think interference unjustifiable until twelve or twenty-four hours had elapsed. I think a different practice more proper, and in any case, where, after several hours severe labor had advanced the head but slightly, and its position being a favorable one, would apply forceps. Saving the woman from the nervous exhaustion consequent upon severe labor, I think greatly promotes her recovery; length of time should not be taken as the criterion, for a mother will be more exhausted by a few hours of excessive pains than by twenty-four of moderate ones; and again, inflammation, sloughing and fistula are more apt to be caused by pressure of the fœtal head than by instrumental interference.

The obvious use of forceps is to deliver the child, but in what manner allows difference of opinion. Books speak of them as tractors; I think they are also useful as compressors, and that in this they imitate nature. How does nature act in cases where the head is too large to pass easily? By long continued pains she changes its diameters, she elongates its occipito mental diameter, she overlaps its bones, she compresses it. Forceps should do the same thing—traction alone does it to a certain degree, but I think the head will also allow safely, compression with the forceps. Certainly, it must be done slowly and carefully; the blades must not be applied and rudely pressed together, any more than the child should be drawn from the mother by mere brute force, but compression should be applied gradually, slowly during the pains, taking off pressure during the interval. This may seem to many to be unorthodox doctrine; but I am writing of my own knowledge and not from authors, and am satisfied that we can, in this way, many times deliver our patients more safely, with less suffering, and with less frequent perineal injury than where forceps are employed only as tractors.

FORCEPS.

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Reviews.

THE THERMOMETRIC GATEWAYS TO THE POLE—Surface Curr of the Ocean, and the Influence of the latter upon the Clim of the World. By Silas Bent, Esq. St. Louis, 1869.

The above is the title of a lecture delivered before the Louis Historical Society, and, by request, before the Mercar Library Association of this city, which has caused a great sation in the scientific world. The author, Mr. Bent, is an complished navigator and experienced seaman, and is known in scientific circles as the delineator of that remark stream in the Pacific ocean, the Kuro-Siwo, (see chart,) w is so analogous in the flow, temperature and direction o waters to the gulf stream in the Atlantic. Mr. Bent was, quarter of a century, upon the ocean, and has visited e quarter of the globe lying between the Arctic and Anta circles. In 1848 he was navigator of the U. S. ship Pr when she was ordered from California on special servic China. During this period he made many observations w excited his curiosity for further investigation of the subj treated upon in his lecture. In 1852, he writes:

"Sailing again for China and Japan in 1852, in the expedition der Commodore Perry, I had fortunately assigned to me such jects, for scientific and professional investigation, as enabled to have such instructions issued to the various vessels of squadron as would insure their keeping very accurate and meterological records.

"After our return to the United States, I was detailed t sist Lieut. W. L. Maury to prepare for publication the ch and sailing directions of the surveys made by the expediti and these records were placed in my hands for the purpos tracing out, as far as possible, the location, direction and f of the currents in that part of the Pacific and adjacent s lying within the cruising grounds of the squadron.

"The result of this work was the discovery of the fact these currents formed a part of the great system in the Pac identical in all its essential features with that of the equato current, Gulf Stream, and counter current in the Atlantic, will be seen by referring to my report on the "Kuro-Siwo" the second volume of the Japan expedition report."

When calling attention to the analogy between these streams, he says:

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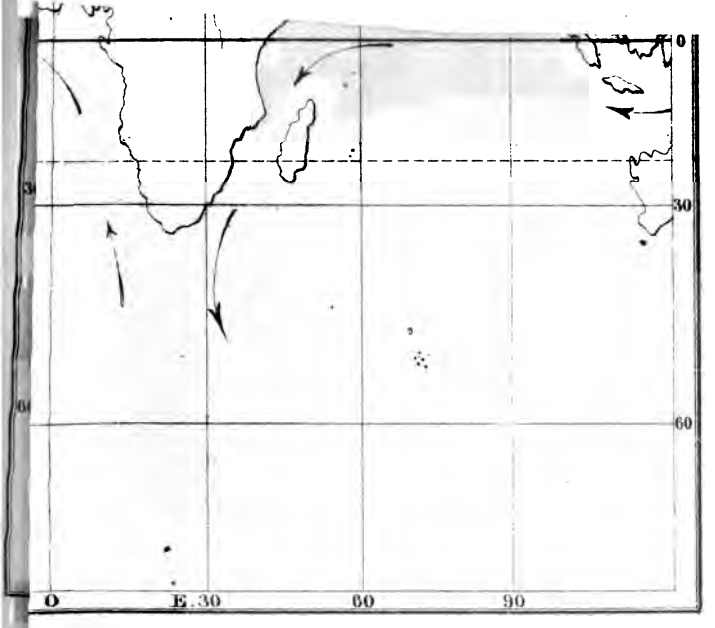
cold counter currents intervening between



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"They both have cold counter currents intervening between them and the continents near which they rise, and run in directly opposite directions to their own courses, and with equal rapidity; that they both have the same high temperature of 86 degrees, preserving in the dead of winter the heat of summer, that they are both cushioned in beds of cool water, which, from want of affinity, robs them of none of their warmth; that this warmth, after having been carried thousands of miles through the waters of the oceans, is (the moment these streams touch the land) thrown out with such freedom, and diffused so far, by the conductive power of the earth, as to change the climates of nearly half of both the continents; and that they both, in their never-ceasing and unchanging beneficience, are fit symbols of the wisdom and goodness of Him who "created the heavens," "formed the earth and made it," and "created it not in vain," but who formed it to be inhabited."

The attention of the profession is directed to the essay in question on account of its great value in *throwing light upon those peculiarities of climate* which have hitherto remained inexplicable, or to explain their apparent parodoxes, which were attributed to entirely insufficient and unsatisfactory causes. During the past winter we have had our especial attention directed to these subjects and have enjoyed many instructive conversations upon the matter contained in the pamphlet under review. Leaving then to other scientific journals* the consideration of the "Thermometric Gateways," we feel bound to turn our attention to the influence of the currents and winds upon the climates of the earth, as that subject is of most interest to our readers.

Mr. Bent speaking of this subject uses the following forcible language:

"When contemplating a chart with these currents of the ocean made apparent to the eye at one glance, and recalling to mind the climates, as I have experienced them in almost every portion of the earth bordering upon the oceans between the latitudes of 60 degrees north and south, I cannot divest myself of the conviction that *all countries so situated derive their climatic character*—whenever that differs from what is due to the latitude—*entirely from the ocean currents that wash their coasts, and not at all from those which, though flowing near them, do not touch their shores.*"

*Most flattering reviews of the essay have appeared in the standard scientific periodicals of the day, while many notices from leading papers of the country have approved of Mr. Bent's theory, as the one most likely to harmonize the hitherto apparently refractory facts in climatology and navigation.

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Mr. Bent gives us some striking examples, of which our space will but allow us to dwell briefly. Thus:

"We will start with what is known as the Humboldt current, which, coming from the Antarctic ocean, and possibly splitting at Cape Horn, flows with its greatest volume to the northward, along the whole west coast of South America. The climate there is cool, and as you approach the Equator the temperature is so much below what is due to the latitude, that in Lima, 12 deg. south latitude, woolen clothing is necessary for comfort during several months of the year, and the heat is never oppressive. The common belief is that this is owing to the close proximity of the Andes; but, as like causes produce like effects, if this were the case the Sierra Nevada, which lies almost as near to the coast of California and Mexico as the Andes do to those of Chili and Peru, would give similar cool climates to those countries; but this they do not possess, for, on the contrary, they have warm climates, derived, as before stated, from the influence of the Kuro-Siwo. * * * *

"Of the oceanic coasts of the northern hemisphere I have before spoken, but not of those of the Mediterranean, to which I will now call your attention. Naples, in Southern Italy, is in the same latitude as New York and Genoa, and Marseilles about the same parallel as Toronto—yet, at Genoa I have plucked ripe oranges from the tree early in February, and Naples has even a much more vernal climate. This is attributed to the warm winds from Africa; but, as you will observe, these winds have to cross the Mediterranean at its widest part, a distance of more than three hundred miles. Now, if the winds have such influence as this, why should not those from the perpetual snows of the Alps give a severe climate to the plains of France and Italy, which lie directly at their feet and not fifty miles from this snow? Yet these plains, in the latitude of Maine, are verdant with perennial summer."

Here are startling facts for our contemplation, and they deserve serious consideration. The fact is that this influence of the ocean currents in giving climatic character to the various portions of the earth's surface, is so new that one is disposed, at first, to smile incredulously at Mr. B.'s theory, but we find ourselves surprised at the remarkable and forcible facts which present themselves in support of this hypothesis when we come to look at the maps of the world and examine these climates in reference to these great currents of the world, as laid down by him. The mind is so quick to receive impressions through the senses, and so ready to give undue weight to those impressions, that we seldom stop to reflect, unless compelled to do so by the

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necessity of our situation, and therefore we often accept and transmit ideas that will not bear the test of analysis.

As far back as the days of Dr. Franklin, it was known that the Gulf Stream washed the coast of Europe. Until that time we find no attempt made to explain the marked difference in the climates of Europe and the United States; but since then, people have settled down into the belief that this stream was and is the cause; and meterological statistics sustain that belief, so far as the water temperature of that part of the ocean harmonizes with that of the land. But how that harmony of temperature is brought about most of us have not stopped to inquire, but, adopting the first *apparent* means that presented itself, they have fallen into the easy belief that the winds were the medium by which the heat from the Gulf Stream was communicated to the land, and we are, therefore, startled when any other hypothesis is advanced, and feel our self-love somewhat offended by any attempt to overturn, or even modify, such a time-honored conviction. But Mr. Bent does not assert the contrary as a dogma, nor pretend that he has made a discovery based upon meterological data observed by himself. He merely states, convictions arising from a deliberation of the results of others and his own observations, combined with his personal recollection of the climates where he has been.

Before discussing this subject any further, however, let us understand the meaning of certain terms used by Mr. B. in a *special* sense, which usually have a more general signification. First, the expression of "the climate due to the latitude," is evidently here used to express what the climate of any place would be if derived solely and directly from the sun's influence. This would make all places on the same parallels of latitude (the elevation above the sea level being the same) have exactly the same climates; and that such is not the case must be attributed to some other *permanently acting agency*, and, when that agency is found, *its* influence, combined with that of the sun, gives to the locality what Mr. Bent terms its "climatic character." This permanently acting agency, he thinks, is the currents of the ocean, which, coming in contact with the land, exercise the

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wonderfully modifying influence upon the climates of the world that is so strikingly illustrated by the facts he has here presented, showing the diversity of climates found even at various points along the equator, as well as along any given parallel of latitude, either North or South. These facts are patent to every reader of history or of travels, as well as to every student of science, and it seems strange that, with the admitted influence of the Gulf Stream in ameliorating the climate of Europe, it has never before occurred to any one to look for similar causes to account for the remarkable modification in the climates of other parts of the world. But so it is; and this can only be accounted for by the propensity we all have for forgetting *latitude* as a prime ingredient in our reflections upon climate. To illustrate this we would ask what American, when enjoying the tropical climate of Naples, ever thinks that he is then in the same latitude as New York? or that, when in London, he is on a parallel which passes to the north of New Foundland? We suppose there is not one in a thousand to whom this thought occurs. Feeling the climate so much warmer than we have been accustomed to at home, we unconsciously take up the idea that we are then much nearer the equator, and consequently that there is nothing peculiar in the difference of temperature which we experience. Reasoning from analogy, when Mr. Bent had traced out the Kuro-Siwo on the chart, he at once saw that the genial climate of the whole west coast of North America was derived from this stream, and so stated it in his report to Commodore Perry. Yet, notwithstanding that announcement, it is now, after a lapse of thirteen years, left for him to call attention to the existence of the same laws and similar influences in all other parts of the world, as are found in the North Atlantic and Pacific; and even he seems to have had it *forced* upon his attention from the circumstances by which he was surrounded, for it will be observed that he has not arrayed facts to sustain a preconceived theory, but, on the contrary, announces the discovery of the theory, or law, as a result of the contemplation of the facts when he has happened to group them before him.

Having thus before our minds a proper understanding of the phrase "climate due to the latitude," we will turn our attention

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to what he understands by *climatic character*. We cannot better describe it than by a comparison with the character of man, in contradistinction to the human temperament:

For instance, a man may have a warm and generous character, yet with a calm phlegmatic temperament, while another may have a cold, hard character, with a sanguine and capricious temperament.

The British Islands will represent the first, being surrounded by warm water of unvarying temperature, which modifies permanently the character due to their latitude, and over which all winds must pass from whatever quarter they may blow; while the north half of the United States, affords a good comparison for the latter, having the severe character of its climate due to the latitude rendered more stern by the cold stream that washes their eastern coast, but with a capricious and ardent temperament, caused by the alternation of winds from the frozen regions of the North and the warm borders of the Gulf of Mexico and the Gulf Stream. The climatic *character* being derived from permanent and constant causes—the sun and water—whilst the climatic *temperament*, to so express it, is derived from the variable, ephemeral and superficial influences of the winds.

To show the remarkable manner in which climatic character, *due to latitude*, is modified by the ocean currents, lay the map before you and look over these descriptions already given in the address, particularly the intense heat of the west coast of Africa, under the equator, and the delicious temperature found by Dr. Chaillu under the equator on the west coast. The fervid climate of Brazil, where, as Buckle, in his history of civilization, says that nature runs riot with such an exhuberance of vitality, both in the animal and vegetable kingdom, that no energy of man is capable of subduing it. Then comes the continent of South America, and six hundred miles to the west of the Pacific coast we find the Galipagos Islands, directly under the equator. Professor Dana, whilst on Wilkes' Exploring Expedition, observed the fact that corals were never found in water of a temperature below 66° Fahrn., and announcing the fact that coralines could not live in water below that temperature, he cited these islands in illustration, where no corals are found, whilst all other islands in the Pacific, lying between the tropics, are surrounded with, if not entirely composed of this formation. He gives as a reason that

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the cold current from the South, which envelopes this groupe, affords a constant temperature to the water of less than 66°.

Now, this current from the South, spoken of by Professor Dana, is the Humboldt current, described in the address as tempering the whole west coast of South America, and which here feeling the reflux of the Kuro-Siwo from the North bends to the westward to form the Great Equatorial current of the Pacific. It is worthy of remark that whilst there are no corals at the Galapagos, directly under the Equator, yet they were found by the Japan expedition in the waters of the Kuro-Siwo, off the Bay of Yedo, in lat. 35° North.

A word now with reference to the action of the winds and we must close this article. The winds give variety to the climate and are transitory in their effect; but climates derive *character* from more permanent influences only, such as the sun and the ocean currents.

The prevailing direction of all surface winds (not local) are from the poles toward the equator—and that of all super-surface winds is from the equator towards the poles. This is beautifully described by Professor Maury, and represented by his "wind charts." The general operation of the law may be briefly described as follows: The action of the sun rarifies the atmosphere between the tropics, causing it to ascend, and as it expands it absorbs an immense amount of moisture from the evaporation of the waters beneath it. That portion of the atmosphere resting on and near the earth's surface is at once set in motion towards the equator to restore the equilibrium. This done, the vacuum is then transferred from the equator to the polar regions and the rarified and ascended air first spoken of, takes wing through the upper regions of the atmosphere towards the poles, to restore the disturbed equilibrium at these extremities of the earth; but as it reaches colder latitudes it becomes gradually condensed, which process liberates both moisture and latent heat that is distributed along its path. Reaching the polar regions it descends and starts south again as a surface current, expanding as it proceeds towards warmer latitudes and licking up the moisture by evaporation as it goes: This is strikingly seen when a brisk North wind follows a

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rain with us. These North winds are cold because they come from a cold region, but they are rendered more so by the evaporation which their expansion produces. The cold, at any point over which it passes, however, ceases with the wind, and the thermometer immediately runs up with a wind from the South. These changes are so apparent to our senses that in the absence of greater causes, we are in the habit, as has been before mentioned, of giving them undue weight in our consideration of climates. In reality their effect is entirely superficial, and as ephemeral as it is superficial. To illustrate this, Virginia city, in Montana, in lat. 45° N. is six hundred miles from the Pacific coast—has the stupendous Sierra Nevada mountains lying between it and that coast, is elevated eight thousand feet above the ocean level, and although the thermometer sometimes falls to 40° below zero, yet, we are credibly informed that under the snow in the valleys stock find grazing throughout the winter. Now, were these six hundred miles a plain such as France and Italy present, Virginia city would have the climate of Lyons or Verona, derived from the influence of the Kuro-Siwo, which recurves upon the coast of California as the Gulf Stream does upon that of Europe. This is a startling innovation upon popular belief and prejudice, but if these streams are *not* the cause of the warm and genial climates enjoyed by the western faces of these two continents so much above what is due to their latitudes, we should like to have a more satisfactory explanation of it. The facts are patent to every one, the conclusion is the final result of near thirty years of perplexing doubts, observations, and ultimate conviction.

Die Cholera, eine Epidemische Laehmung der Capillaren der Darmschleimhaut und ihrer Nerven. Zugleich eine Widerlegung der Professor Hallierschen und Dr. Georg Schmidschen Hypothesen, von Dr. Johannes Schweickert, etc., etc., etc.

THE CHOLERA, an Epidemic Paralysis of the Capillaries of the Mucous Membrane of the Intestines and its Nerves, together with a Refutation of Professor Hallier's and Dr. George Schmidt's Hypotheses. By Dr. John Schweikert, practical physician, surgeon and obstetrician at Breslau. Breslau: John Urban Zern: 1868. (51 pages.)

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Dr. Schweikert first endeavors to prove the fallacy of Professor Hallier's theory concerning the contagion of cholera, which is, that it consists in the formation of a fungus, (*urocystis choleræ*,) and then goes on to show how wrong is the hypothesis of Dr. George Schmidt; that, from the negative electricity of the atmosphere, and the consequent lack of oxygen in it, hydrocyanic acid or Cyan. of ammonium is formed, which respectively create acute or ordinary cases of epidemic cholera. Finally, Dr. Schweikert gives us his own hypothesis, that cholera is an epidemic paralysis of the capillaries and nerves of the intestinal mucous membrane, and, in the most acute cases, of the whole Nervus sympathicus. Not the blood, but the nervous system, is primarily affected. This paralysis is caused by a lack of positive electricity and of ozone in the atmosphere, and, as further proof, adduces the fact that all our remedies in cholera are such as cause paralysis, viz.: *Camph.*, *Verat. alb.*, *Cupr.*, *Phosph.*, *Phosph. Acid*, *Ars.*, *Carb. veg.*, *Hydrocyan Acid*, *Sec. corn.*, *Ergotin*, *Argent. nitr.*, *Colchic.*, *Jatroph. curc.*, *Ipec.*, *Nux vom.*, *Strychn.* After discussing all these different remedies, and calling our attention to their paralytic symptoms, he gives his own experience and treatment. Of 150 cases, 80 of which were Asiatic cholera and 70 cholera morbus, 27 died; 8 went to other physicians or hospitals; and 115 he cured. In cholera morbus, he gave *Verat.*, 1st, and *Phosph.*, 2d; three drops alternately every three-quarters to two hours. In serious cases, or of Asiatic cholera, he first gave concentrated tr. *Camph.*; 2–5 drops on sugar three times every ten to fifteen minutes; and then either *Verat.*, 1, and *Phosph.*, 2; or, when there were cramps in the calves, arms or abdomen, *Verat.*, 1, and *Cupr. Sulph.*, 3d dilution, made by very much diluted alcohol; three drops alternately every ten to twenty minutes. He states that, in advanced stages, where no pulse can be felt, or in asphyxia, *Camph.*, even in the stronger doses, is of no use, the main remedies being *Ars.*, *Phos.* (made stronger after Dr. Kafka's advice, by a few drops of *Æther Phosph.*) and *Carb. veg.* The *Hydrocyan. Acid*, which did such good service in 1849, failed in 1866. In the frequent gastric and bilious disturbances, *Ipec.*, *Nux vom.* or *Chelid.* were useful.

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The work is well written, and we would recommend its perusal to all of our readers who read German. It contains many valuable remarks and hints.

THERAPEUTICAL GUIDE, for beginning Homœopathic Practitioners. By Dr. G. H. G. Jahr. Leipsic: 1869. (Literary Institute.)

This book of 382 pages is a very valuable addition to our Homœopathic Literature, as we might well expect of a work written by the celebrated author of the Symptomatology, Repertory, Diseases of Females, Diseases of the Skin, Venereal Diseases, Clinical Experiences, etc. Our much respected veteran, the ablest and most faithful of Hahnemann's disciples, offers us here the results of his own experience of more than forty years of practice. Although he modestly calls it a guide for beginning practitioners, we are sure that every *old* practitioner will find in it many valuable and practical hints. He gives always (as he says in his preface) only and briefly such indications as are the most important and the most decisive for the choice of the remedies, and reports nothing but what he, *himself* can confirm as characteristic symptoms of a remedy from his *own* long experience. This feature makes the book a reliable guide, as we may place full confidence in Jahr's ability, as well as his conscientiousness and his powers of observation. It is a feature which we miss in most of our books, which are only compilations from various authorities, and too often from unknown and unreliable observers. We wish all our old and able Homœopathic practitioners would follow Jahr's example, and give us such guides from their *own* long and valuable experience, and we are confident they would find the same hearty welcome from the profession as the work under consideration. At present the work exists only in German, but we understand it will soon appear also in the English tongue, and we wish beforehand to call the attention of our professional brethren to it as a valuable aid to the practice of Homœopathic medicine. They will find plenty of opportunity for its perusal in their daily practice, and will often be benefitted by it.

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Book Notices.

BY THE EDITOR.

MONOGRAPH ON DIOSCOREA VILLOSA AND DIOSCOREIN, ETC. By A. M. Cushing, M. D. Lynn, Mass.

This proving was presented by Dr. Cushing to the Massachusetts State Society, to compete for the prize offered by that body for the best proving of *Dioscorea*. There being no competition the MS. was returned, and was published in the *American Homœopathic Observer*. The pamphlet consists of fifty-two pages, and contains many symptoms. We are glad to have these monographs in pamphlet form, but do most sincerely wish some understanding could be arrived at, whereby they could appear of uniform size and in uniform type, in order that, when bound together, they would form quite a complete materia medica.

VALEDICTORY ADDRESS to the members of the graduating class of the Homœopathic Medical College of Missouri. By N. D. Tirrell, M.D.., Prof. of Chemistry and Toxicology.

This address is one of the best of the kind that has appeared this season, and although we do not agree with the Doctor in some points bearing upon the practice of medicine, yet we see in the lecture the evidence of great thought and a good deal of care, besides the exhibition of scientific acquirements in his speciality.

Its composition is excellent, and a perusal of the lecture will repay the reader.

PATHOGENESIS OF PTELEA TRIFOLIATA. By E. M. Hale, M. D. (Reprinted from the transactions of the American Institute of Homœopathy for 1868.)

This proving is a report from the Transactions of the American Institute, and is very complete, there being eleven provers from different sections of the country. It appears from this report that Dr. P. H. Hale was the first homœopathic physician who employed the *Ptelea*, and that he has made some excellent cures with the drug. Dr. Miller found the Ptelea to cure a

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case of *ascites* of very severe type, after many agents had been employed without success, and in two cases of *asthma* it was of more service than any other remedy. We have never used the drug, but intend to give it a trial, especially in the Good Samaritan Hospital.

A Letter to Prof. A. B. Palmer, A. M., M. D., of the University of Michigan, being a reply to his four lectures on Homœopathy. By Charles J. Hempel, M. D.

Our old friend is again in the field with his implement "mightier than the sword." He takes his "dear Professor" over the ground at a good round rate, and shows him what is to be learned in the homœopathic school, and how the Professor is ignorant of most of its fundamental doctrines, and how he has taken a one-sided view of the whole affair, and how *aconite does* produce inflammatory fever, and how scurvy is cured by diet, and a host of other items, which the Professor will do well to digest. To some portions of Professor Palmer's lectures we will call attention in due time.

A Brief History of the Materia Medica. By Samuel Bancroft Barlow, M. D., Prof. of Materia Medica and Therapeutics in the New York Homœopathic Medical College.

This is an interesting brochure, being another reprint from the Transactions of the American Institute of Homœopathy. The author is very fair and candid in the expression of his opinions, and from the position he occupies as a teacher, is quite competent to sit in judgment. For instance, he says:

"I should do injustice were I to omit the most honorable mention of Hempel's Lectures on the Materia Medica, a work conceived in a truly scientific spirit, and carried out with an ability which does its truly devoted author immense credit as a cultivator of a scientific field which is too apt to be found sterile and uninteresting. He has the rare merit of having treated the study of materia medica in such a manner as will ever render his book one of the most truly welcome works on this science, which has as yet appeared in this or any other land."

Again he says:

"The very elaborate, accurate and costly works of Professors Lippe and Gross, both of which are designed to facilitate the acquisition of a truly accurate diagnostic of the materia medica,

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though well received, are yet, in some material respects, imperfect. They fall much short of that degree of usefulness which their authors intended them to reach; still they do unspeakable honor to their authors, and will soon be found indispensable helps to the student, even if he has possessed himself of most of what has worthily preceded them. * * *

"Richard Hughes, M. D., has written a work on the Materia Medica, in two volumes, the first of which was published in London, by Turner & Co., during 1867. It gives promise of rare usefulness to the student and young practitioner. It is written in a style so simple and pleasing that it must inevitably become a favorite with all classes of the fraternity of homœopathists. I know no work in our homœopathic literature so calculated to obtain a universal popularity as this. Students will read it with such a zest as is manifested by the young, in reading Robinson Crusoe, or Gulliver's Travels."

SEVENTEENTH ANNUAL REPORT of the Directors of the New York Ophthalmic Hospital for the Year 1868.

If ever there was a report which did credit to an institution, such an one can be found in the pamphlet of which we write. The tables showing the diseases and number of patients treated from January 1st to December 31st, are arranged with a care but little known in the usual method of reporting, and show the physicians and surgeons in charge to be fully qualified for the care devolving upon them. We cannot give the entire tables, but we introduce here the recapitulation of the total diseases:

RECAPITULATION.

	M.	F.	Total.
I.—Orbita	4	1	5
II.—Palpebræ	66	85	151
III.—Conjunctiva	178	136	314
IV.—Sclera	1	5	6
V.—Cornea	153	151	304
VI.—Iris	39	16	55
VII.—Corp. Cil. et Chorioidea	46	46	92
VIII.—N. Optic. et Retina	40	24	64
IX.—Lens	24	20	44
X.—Corpus Vitreum	4	1	5
XI.—Bulbus	15	6	21
XII.—Refract. et Accommod.	10	31	41
XIII.—Musculi et Nervi	17	20	37
XIV.—Organa Lacrymalia	11	23	34
Total	608	565	1173

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There were 104 surgical operations performed on 88 eyes. But one thing is wanting, and it is a great omission in these tables, and that is the *number of cases cured.* It is the success of this institution under homœopathic treatment that we desire to see compared with the old school statistics of the past sixteen years. This is what our friends and foes will look for, and will be disappointed if they find it not. There is also an announcement of the lectures and clinics for the session of 1868–69, the Professors being all well known and skillful practitioners.

Western Homœopathic Observer.

ST. LOUIS, MO., JUNE AND JULY, 1869.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Readers of the OBSERVER, will oblige the Editor if they will forward copies of local newspapers, or similar matters of importance to the profession, all such will be thankfully acknowledged.

☞ Physicians having changed their locations, or desiring to remove from one portion of the country to another, will please communicate with the Editor, that he may note the same. Records of marriages, and deaths of physicians, and other personal news will also be received and noticed.

☞ All exchanges, books and pamphlets must be addressed to the Editor, No. 1418 Washington Avenue.

Editorial.

NOTE.—Owing to a large accumulation of matter upon our hands, and to give space for articles which are of some length, we have been obliged to issue the June and July numbers of our paper together. We thank again our friends for the interest they manifest in our journal, and, by increased diligence, hope to merit a continuance of their favors.

PRESIDENT HAVEN'S REPORT TO THE BOARD OF TRUSTEES OF THE UNIVERSITY OF MICHIGAN.

We desire to call the attention of our readers to some points, some very plausible points, some nicely attenuated distinctions, and most singularly thaumatergical expressions of Professor Havens; and, in order so to do, we take the liberty of first quoting portions of his report:

"I believe that good reasons do exist why a 'Professor of Homœopathy' should not be appointed, and I believe that all unprejudiced per-

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sons will be able to see them. I beg here explicitly to state that I do not argue in behalf of the medical profession, or 'Allopathy,' or any particular class. I am not conscious of any particular interest in any class or party, on this subject. So far as I am personally concerned, it might be more politic to say nothing on the subject, but, as a custodian of the interests of the university, I must express what the interests of sound education seem to require, irrespective of party or sect.

"Observe, then, first, that we have no professor of 'Allopathy' in the University of Michigan. This is no subterfuge, but a solemn fact. If a grant of money was offered to the university on condition that a professor of Allopathy should be appointed, I should be compelled to show the unreasonableness of the condition. We do not want in a university professors of special ideas or theories, who believe that their special ideas or theories embrace all truth in their respective schools, and that all outside of their special ideas or theories is false and to be rooted up and condemned. You make the university, by such a course, a place of strife and discord, and not a place for the harmonious inculcation of all truth. What we want in the department of medicine and surgery is a number of professors who shall present all the subjects and all the information properly belonging to the science and art of medicine and surgery. They should be, as they are, professors of anatomy, physiology, pathology, surgery, diseases in general, diseases of particular classes, chemistry, materia medica, etc., etc.—embracing the whole orb of the science and art of medicine and surgery—but not professors of 'Allopathy,' 'Homœopathy,' or any other special theory.

"This is no sublimated, unapproachable theory, but the only proper basis of a university. The university does not establish a department of medicine and surgery in the interests of any particular class of physicians, or in the interest of conflicting classes of physicians, or with the special purpose of making doctors of any particular kind, or of all kinds, but to teach the science fully and broadly—not in conflicting schools and debates, but, as far as possible, thoroughly—without reference to local interest and partisan distinctions. Once establish the precedent that every party in the world shall be recognized by name, and have a professor bearing its partisan name, and irreparable injury is done to the university."

We ask pardon for inserting such long quotations, but the sweet disinterestedness of the president in what he believes is so very extraordinary that, coming, as it does, at this peculiar time of strife and discord in the university, it sounds like

"The master tones of a rich instrument."

He states, first, that he believes "that good reasons *do* exist why a professor of Homœopathy should not be appointed," and immediately contradicts himself by stating that he does not argue in "behalf of the medical profession, or Allopathy, or any particular class." What, then, is the tenor of his remarks? If he is not arguing that the particular class (Homœopathists) should *not* be admitted to the sacred precincts of the university, or that the particular class (Allopathists) should still continue to hold exclusive sway in the institution, what is the meaning of his words? It is very obvious that he means to mislead many of the unthinking who

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may read the report; and that, though he may be strenuously upholding the ancient *regime*, he may appear to be acting with perfect fairness and candor.

But observe, reader, observe, the report reads "we have NO professor of Allopathy in the University of Michigan. This is no subterfuge, but a *solemn fact!*" Let any candid, honest, thinking member of the old school read this sentence, and let him give his opinion whether this be a play upon words or otherwise; a play upon words which is forgotten further on in the report, and to which we desire to call especial attention.

The solemn fact is that they *have* a professor of *Allopathy*, and virtually nothing else; that the chair is not so styled in words, but that the professor of practice of medicine teaches Allopathy, and no other system of medicine, "is no subterfuge, but a solemn fact." If they have no chair of Allopathy in the University of Michigan, what system of medicine is taught by their professor of therapeutics? What is the character of the prescriptions which are recommended as applicable to disease? what the variety and dispensation of drugs and the doses which are to be employed? This effort to lay aside the distinction which exists between the old and the new schools of medicine, is "a mere subterfuge." It is an attempt to play upon words; an effort to lead astray the popular mind. Believing, as we here to-day do, in the principle of Homœopathy, and acknowledging it to be true, *we* could also say to the people of Michigan that their university is destitute of a professorship of practice; that *they have a chair of Allopathy*, to be sure, but that it is entirely sectarian, and, in the same breath, could add that we do not argue in behalf "of any particular class."

He further says: "We do not want university professors of *special ideas* and *theories*, who believe that their *special ideas* or *theories* embrace *all* truth in their respective schools, and that all *outside* of their special ideas or theories is false, and to be rooted up and condemned." In mercy, hear this. In the first place, what is the meaning of the word "university?" It means the *combination in* ONE school of those branches of learning which appertain to the sciences, whether in law, religion, politics, belles-lettres, or medicine; and, therefore, if there should be any spot on the broad surface of the globe where we should look for a combination of professorships, where all branches of science should be taught, it is within the sacred and scientific precincts of a university. But, as the president says that they do "not want in a university, professors of special ideas, who believe that all outside these special ideas is false and should be rooted up," etc., will he be true to his trust and to his belief,

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and had not a clean sweep better be made at once of the majority of those professors of medicine, who do so far believe that all outside of their Allopathic belief is to be rooted up, that they sent forward their resignations when they understood that a chair which taught doctrines "outside their special ideas and theories" was to be established in the institution? What has caused this mighty rumpus in the university, if it has not been this very bigotry which the president so loudly condemns? What has caused this strife, this discord, this wrangling, if it is not the intolerance toward the establishment of a scientific chair, outside of the special ideas of those now occupying positions in the University. Well has he said by such a course, "you make the University a place of strife." Have they not done so? Has not the course pursued by those "who believe that their special ideas or theories embrace *all* truth in their *respective* schools," and who believe, to again use his own words "that all outside of their special ideas or theories is false, and to be rooted up and," —mark the last word, "CONDEMNED," provoked this riot, and turned the place for the harmonious inculcation of truth," into "a place of strife and discord." We ask you reader, we ask the people of Michigan, where the fault lies in regard to this hubbub? Had the regents and professors of this University obeyed the law of the State; had they not believed that "all outside their special ideas and theories was false, and to be rooted up and condemned," had they allowed the chair of Homœopathy to be established in peace and quietness; had the professors refrained from expressing their indignation that a chair should be created teaching a doctrine, (a doctrine known and acknowledged all over the world,) but, contrary "to their special ideas and theories;" had resignations not been threatened or written; had the law not had to be appealed to, "would the University" (again to use the President's language) "not still be a place for the harmonious inculcation of all truth?" But hear further, and observe the sophistry of the argument. He says: "There should be, and there are Professors of Anatomy, Physiology, Pathology, Surgery, Diseases in General, Diseases of particular classes, Chemistry, Materia Medica, &c., &c. True, true, true, all *very* true—so there should; but in the mention of these sciences which are taught there is a lamentable deficiency. Has the President forgotten *Therapeutics?* The chair of all other most important to the practitioner, in fact *that* chair which teaches how to CURE the diseases which are lectured upon, and which chair he knows is *Allopathic.* This is the Professorship we desire to place in the University in obedience to the law of the State. How well written is that sentence. He does not say "*practice of medicine.*" No! No! "*A chair of general diseases* (?) Is there now, or has there ever been since the University was established a professorship of what the President cunningly calls "*diseases in gen-*

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eral," or of "diseases of particular classes? All the other collateral branches are technically named, viz: Anatomy, Physiology, Pathology, Surgery, Chemistry, Materia Medica. But, he could not say "the Chair of Practice," because some innocent individual might ask what kind of practice? What kind of doctrine? and the answer would not be exactly in correspondence with the President's language, when he says "we have no Professor of Allopathy in the Michigan University. This is no subterfuge, but a solemn fact." If there is no chair of Allopathy, we would ask is there a chair of "*diseases in general?*" and is this chair *so advertised* in the announcement of the University, and is such a signature appended to the Diplomas which are issued by the Institution, viz: professor of "diseases in general," and who is the fortunate individual who occupies the chair of "diseases in general." "This is no subterfuge, but a solemn fact."

We cannot see, for the life of us, how the President can calmly sit down and state that "the University does not establish a department of medicine and surgery in the interests of any particular class of physicians" when he knows the action that has been taken by the regents and the professors of the Institution. They acknowledge the "*partisan name*" by their acts; they know they delight in the term of Allopathy; they revel in the sound of the "*regular* profession." The love to be worshipped as the "old school," they are happy in issuing their thunders against the "new." No! No! President Haven, the law of *similia similibus curantur* is *a law of cure*, we claim that it must be introduced into your University as such, and to use the language of your report, there must be "a *number of professors* who shall present *all* the subjects and *all* the information belonging to the *science* and art of medicine and surgery" to make the Ann Arbor institution a complete success with but a single exception. Perhaps that professorship of *diseases in general* may be annulled.

AN ITEM TO BE REMEMBERED.

In a letter dated Vienna, March 14th, 1869, our correspondent gives the following item, which is interesting in many particulars: "An ovariatomy was performed here some days ago. The patient died, and a post mortem made. *A sponge was found in the abdominal cavity*, which had been forgotten through negligence. This you may be assured created quite an *excitement*."

REMOVAL.—Dr. T. F. Allan has removed from 105 Fourth avenue, to No. 3 East 33d street, New York.

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NOTICE.

We have received from Mr. Henry Turner a communication desiring the publication of the following notices:

AUTHOR'S NOTICE.

I am informed that a so-called second edition of this work, with a "Clinical Index" appended, has appeared in America. It is right that I should disclaim all responsibility for the correctness of this reprint, which has been undertaken without my knowledge or sanction. The "Clinical Index" I have no desire to emulate. It is foreign to the scope of the present volume, which is an aid to the study of the Materia Medica, and not a guide to the treatment of disease. My second volume, which I hope to complete before the end of the present year, will essay to provide the latter requisite. Pharmacodynamics and Therapeutics, separately and consecutively studied, constitute the knowledge peculiar to the Homœopathic practitioner. In such distinct yet complimentary relation I wish them to stand in this "Manual of Homœopathic Practice."

R. H.

PUBLISHER'S NOTICE.

Although our name appears on the title of the so-called second edition of Hughes' "Manual of Parmacodynamics," it must not be supposed that we have any connection with it. The name appears without our permission, and with the author we repudiate it altogether. The facsimile of our trade-mark appearing both on the title page and on the binding of American reprint is also calculated to mislead. We exceedingly regret being compelled to draw attention to the fact that the trade-mark registered by us in January, 1867, has been copied, but owing to its having been so misapplied we have no other alternative. H. T. & Co.

NOTE.

Any of our subscribers who desire to procure the interesting pamphlet of Mr. Bent, on "the Thermometric Gateways to the Pole," and who will notify us of the fact, will have a copy forwarded by mail, gratis.

Correspondence.

Editor of the "Western Homœopathic Observer:"

In answer to a communication in the May number of the "OBSERVER," from "Forceps," your regular Baltimore correspondent, who desires to know the measurements and peculiarities of my obstetrical forceps, I most cheerfully give you the following particulars:

Dimensions.—Extreme length, 14 inches; length of handles to the shanks, 6¾ inches; from the lock to the extremity of the

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blade, 7¾ inches; length of shanks, 2 inches; greatest breadth of blades, 1¼ inches; distance between the blades when closed, ¾ inch; weight, 12 ounces.

Advantages over other forceps:—

1. They are lighter than most other forceps, but sufficiently strong for all purposes where the forceps can be used.

2. The fenestrae are narrower than in most other forceps, thereby rendering their introduction easier, locking with much less difficulty, and not being so liable to injure the soft parts of the mother, or rupture the perineum.

3. They are proportioned so as to be applicable in all cases where the forceps can be used, even when the head is at the superior strait, thus doing away with the long forceps, (Hodges' or Baudelocque's.)

4. The shanks are so curved as to form a ring in which it will be found very convenient to insert the finger, when making traction; in this they are superior to Hodges' or Baudelocques' forceps where the ring is wanting.

5. The peculiar curve of the shanks renders them more symmetrical, does not increase their weight, as do the rings in Bedford's forceps.

6. The cranial and pelvic curves have been carefully measured so as to correspond as nearly as possible with the form of the fœtal head and the curve of Carus, or the axis of the pelvic cavity.

Your correspondent speaks of Knight's forceps as having no fenestrae, and says: "they never slip, and are the only ones in his experience that have not done so."

When a pair of properly constructed forceps slip, the accident is to be attributed more to the unskillful operator, than to the instrument. The object of fenestrae in the blades, is, first, to make them lighter; and, secondly, to allow of a closer adaptation of the forceps to the head of the child, so that the parietal protuberances may pass through them, and thereby render them much less liable to slip. In my forceps I have kept in view two principles: first, simplicity in construction; second, to render the mechanism perfect as possible, and as a result I claim to have an instrument which can be very easily introduced, applied, and locked; having a power and strength

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requisite for all purposes where the long forceps might be preferred, which latter are by no means so safe in inexperienced hands as the short forceps. Yours, &c.,

T. G. COMSTOCK, M. D.

St. Louis, May 1, 1869.

Editor of the "Western Homœopathic Observer:"

Dr. Geo. E. Shipman, of Chicago, has just completed a translation from the German of Dr. Grauvogel's very elaborate work upon the physiology, pathology and therapeutics of Homœopathy. The translation of this work must have been indeed a Herculean task, and the profession are greatly indebted to Dr. S. for placing it within their reach. Dr. S. will be subjected to a great expense in the publication of this work, and proposes to issue it by subscription.

Physicians wishing to subscribe may send their names to Dr. S., Chicago, Ill. T. G. C.

HIGHLY INTERESTING CORRESPONDENCE FROM A COUNTRY PHYSICIAN.

Editor of the "Western Homœopathic Observer:"

A few weeks ago Dr. Clark, of this city, extended the courtesy to me of being present at the *post mortem* examination of a woman, twenty-seven years of age, single, who had been sick for four years. She had had various treatments (no homœopathic), had taken frequent very large doses of calomel, quinine, etc. The physicians who had attended her gave it as their opinion that they did not know what the disease was. They had theorized and speculated, but had arrived at no diagnosis or conclusion.

Dr. Clark was last called, and from him I hear that when he first saw the subject she was enormous in size, the whole abdomen being distended; with great hardness of surface. Patient complained of much pain in the region of the right ovary, and of a sense of suffocation; yet the chest did not seem to be

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greatly distended. The menses had ceased for two or three years, and, that function being suspended, one physician had diagnosed pregnancy—(*false conception!*) The lower extremities were but little œdematious; urine at times was scant, and sometimes contained much mucous. The patient had all the time a fair appetite, but was very restless.

Twenty-four hours after death there was no collapse of the abdomen, but it felt "as hard as a stone." Of course the opinion still prevailed that there was a large tumor, probably ovarian; yet some doubt was manifested regarding it, and dropsical effusion, etc., was hinted at; it was therefore proposed to proceed cautiously with the knife. A trocar was first introduced, in case there should have been effusion, but to the surprise of two of the physicians present, who had attended her lately for a few weeks, a steady stream of fluid followed the withdrawal of the trocar; and, though the stream was full, yet we found that we made such slow progress in reducing the bulk of the abdomen, that we concluded to facilitate the discharge by making the opening larger and inserting a fair-sized lamp-chimney, by which means we succeeded in drawing off the fluid in a comparatively short time. The liquid consisted of a dark brown serum, very thick, and containing shreds of pus and mucous. The amount discharged was twenty-eight quarts—I measured the quantity myself with a quart measure. The *peritoneum* was thickened to at least one-eighth of an inch, and was as tough as leather: in fact it resembled cartilage more than anything else, and its whole surface showed patches of inflammation. Of course no tumor was found of any consequence, but a small scirrhous growth on the neck of the *uterus*, not larger than a fair-sized hen's-egg; this growth contained dark and offensive pus. The *ovaries* were entirely obliterated, and nothing but a mass of pus was found in their place. There was also obliteration of the *os-uteri*. The bladder was pressed considerably upward, and contained but little dark urine. The kidneys were very much reduced in size, with fatty deposits, and the intestines were pressed upward between the eighth and tenth ribs of left side. The heart was normal in size and appearance, but abnormal as to its location; it was carried over

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to the right side, and as far upward as the second and third ribs. The liver was atonic and enlarged, and occupied the space under the eighth and ninth ribs of the right side, and also of the left side, under the fourth and fifth ribs. The lungs were collapsed, but there was no indication of *tuberculosis*. The stomach—excepting the *cardiac* orifice, which showed traces of inflammation—was healthy.

On the whole, the pathological phenomena were very interesting, and I leave it for you, or to some of your correspondents and contributors, to speculate and theorize upon this really important and singular case.

TRICHINÆ.

The specimen I sent you—piece of *psoas major* muscle—has given you some idea to what extent the trichinæ have invested the body of Mrs. Thos. W. Tefft, who died here some four weeks ago. The whole family,—father, mother, and two children,—were sick with the disease. Dr. Tefft, brother of the sick man, attended the family, and from him I learn that the disease assumed the character of a gastric fever, and was treated accordingly; but, he informs me, that he was disappointed with the action of his remedies; they did not seem to produce the desired effect, and after he treated them for a considerable length of time (two or three weeks), he had suspicion that the disease resembled, very much, trichiniasis, and he examined some ham which the family had in the house, and from which they had been eating previous to their sickness; but the Doctor did not discover any trichinæ. Mrs. T. died, and her husband was getting better. The girl was nine years old and the boy between seven and eight years.

The Doctor being still of the opinion that Mrs. T. died of trichiniasis, he examined now some of the salt pork, and he found trichinæ to a very large amount—say from 15,000 to to 25,000 to a cubic inch of the pork. Through the courtesy of Dr. T., I had an opportunity of examining myself. I devoted several evenings to the investigation, and was satisfied that the pork was diseased throughout. After consultation, the Dr. was granted a permit from his brother to exhume the body of Mrs. T., and have an examination of it made. This was

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done; and, in the presence of nearly all our city physicians, the body was exhumed and examined at the dead house. Several powerful microscopes were at hand, with which the investigation was carried on. The result was that trichinæ were found in all the muscular structure; none were found in the lungs, liver, heart, kidneys, &c.; the *psoas major*, *rectus-femoris*, and *tibialis posticus*, contained the largest number. Very many were also in the *diaphragm*. In the evening the investigations were continued; some parts of muscle were immersed in a solution of salt and water, and the result was that we had ocular demonstration of living trichinæ from various portions of the muscles. Dr. T. and myself continued our investigation for several days, and we concluded that not less than from 25,000 to 40,000 of these parasites invested a cubic inch of muscle. I need not dwell upon any description of the trichinæ; suffice it to say that the diagrams and descriptions given in the *U. S. Medical and Surgical Journal*, Nos. 4, 5, 6, 7 and 8, are most correct, and, I dare say, they are *perfect*, to the very minutia. It may be added here, however, that, although I have seen thousands of parasites, yet I have not observed two alike, regarding their spiral twistings and gyrations. Above it should have been mentioned that the motion of the parasite is similar to that of a *cork-screw*; at any rate, so it appeared to us. They were quite active in their boring operations.

Dr. Clark's estimate as to the number of worms investing the muscles of this subject, is from 60,000 to 90,000 per cubic inch.

The people here were greatly excited upon this subject. Pork and beans, broiled ham and eggs, and other swine-flesh fixings, are at a discount. Many farmers in the vicinity brought samples of their pork to the city for examination, but so far nothing further was developed.

Elgin, May, 1869. JAEGER.

NOTE.—The note under our *Editorial*, calling attention to the fact that a sponge had been left in the abdomen after an operation for ovariotomy, although receiving a wide circulation, is contradicted by the Vienna correspondent of the *Medical Times and Gazette*, who states that Prof. Billroth has written to the editor of *Freie Presse* contradicting the report, and declaring his intention to take legal proceedings against the propagator of the scandal. ED.

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General News.

R. H. Morrill, M. D., St. Louis, Editor.

St. Louis supports five medical periodicals.

A lady in Richmond, Va., lately gave birth to twins, thirteen days elapsing between the births.

A veterinary surgeon recently died in Springfield, from being bitten by a glandered horse.

Prolific.—New Albany has a woman only thirty-two years of age, who has given birth to sixteen children.

Dr. Seymour employs the Protoxide of Azote, as an anæsthetic in the extraction of teeth. It is innoxious and respired without difficulty.

Alcohol.—Dr. Poulet says that Alcohol in large doses is a sure specific for poisoning by mushrooms.

Mr. Augustus Ward, of Cincinnati, left by will $3,000 to the Society for the relief of widows and orphans of medical men.

In India, during the past year, 1,127 persons have died from snake bite.

Surgical.—Dr. Fenwick, of Montreal, recently excised the entire tongue for epithelial cancer. The ablation was performed in nine minutes. This is the first operation of the kind performed in Canada.

A native of Sitka, recently ate ten pounds of butter at one meal, and still lives.

Dr. Louis Bauer, of Brooklyn, N. Y., has accepted the position of Professor of orthopœdics and principles of Surgery, in the Humboldt Medical College of this city.

The oldest man in the world has just died in Poland. His name was Remer, he lived in Podolia, and had just entered his 139th year. At 80 his hair was white, but afterwards changed to a light brown shade, which it retained until the time of his death.

A medical congress is to be held at Florence, composed of medical men of all nations, it will open on the 20th day of September, and close on the 5th of October.

To Prevent Death by Chloroform.—Experiments on inferior animals show that they may be restored from apparent death from chloroform

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by the continuous galvanic current, the negative pole being put in the mouth and the positive pole in the rectum. This certainly is worthy a trial in such cases as occur among the human family.

THE SKIN NOT AN ABSORBENT.—A German doctor maintains that the human skin when healthy does not absorb, and that baths have no effect upon it. He offers to go into a bath containing the most poisonous substance, if not corrosive, to test the theory, to pay a fine if wrong, and to go to Paris and submit himself to the Academy of Medicine for the purpose.

BLOOD POISIONING FROM A SURGICAL OPERATION.—Maurice Collis, of Dublin, while removing a tumor from a patient's neck, in the Meath Hospital, inflicted a slight wound upon his finger. Although the wound appeared at the time to be a very trivial one, yet in a few days it resulted in a disease produced by blood poisoning, which, notwithstanding the efforts of his medical friends, terminated in his death.

HORRIBLE FAMINE AT MEMEL.—The frontiers of Russia and Prussia, from Citourian, as far as Memel, are at present a prey to a horrible famine. The entire population, but especially the Jews, being decimated by hunger and typhoid fever.

SURGICAL PRIZE.—The Surgical Society of Paris, has announced the subject of the Laboui Prize, "£48," to be awarded January, 1870. Point out by clinical facts the actual value of intra malleolar amputation from the following points of view:

1st. Mortality consequent upon the operation.
2nd. The manner of performing it.
3d. The usefulness of the stump in walking.
4th. The artificial limbs best calculated for these stumps.

TUBERCLE.—H. Cormal, of Belfast, in speaking on this subject says: Arrest of development of tubercle can be prevented by enforcing the respiration of air not pre-breathed.

WASHINGTON MEDICAL SOCIETY.—Mr. Anthony introduced in the Senate yesterday a bill to incorporate the Washington Homœopathic Medical Society. It names as corporators, T. S. Verdi, G. W. Pope, C. W. Sonnewschmidt, E. S. Kimball, and John Brainerd, with power to hold real and personal estimate to the amount of $20,000, and exempts its members from liability to be mustered in the military service of the United States. The members thereof are authorized to practice medicine and surgery, collect their fees, &c., like other medical societies and enjoy equal rights and privileges, examine candidates, admit members, &c. Referred to the District Committee.—*Washington Morning Chronicle, March 31st.*

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PARALYSIS OF THE PALATE.—The *Review*, of April, mentions two cases of paralysis of the palate, caused by the continued use of bromide of potassium in large doses.

The wife of Marshal Valiant, who recently died, shaved regularly for many years. During her last illness her beard became so bushy that when the physician who visits all the dead examined her, he asked, "what was this gentleman's position?"

OPIUM eating is quite prevalent among the ladies of New York.

A Chicago judge has decided that medical experts may demand and collect their fees previous to giving testimony.

MORE REFORM.—The physicians of Buchanan, Mich., have adopted a uniform fee bill, and employ a collector who collects all bills after they are due sixty days. Any one allowing a bill to run over this time are refused the services of any physician except on an order from a superior.

PREMATURE INTERMENTS.—We trust that the prizes bequeathed by the late Marquis d' Ourches, will stimulate all, but particularly the medical profession, to renewed exertions in the attempt to discover some sure means of averting this dire calamity.

One hundred students have received the degree of M. D., from the different Homœopathic Medical Colleges during the past year.

HOMŒOPATHIC MEDICAL SOCIETY OF KANSAS.—Pursuant to call a number of Homœopathic physicians met in convention on the 14th April, 1869, at the office of Drs. Mayer & Edic, in the city of Leavenworth, for the purpose of taking into consideration the propriety of forming a State Medical Society. Dr. Mayer called the convention to order, and nominated R. Huson, of Lawrence, for President; which motion prevailed.

J. J. Edic, of Leavenworth, was elected Secretary of the Convention.

Dr. M. Mayer, offered the following resolution which was adopted:

Resolved, That in the opinion of this Convention, the time has come when the cause of Homœopathy demands that we shall organize ourselves into a State Society, and that we now proceed to form such an association.

Drs. Mayer, Grasmuck, and Rubicon were appointed a committee to draft a Constitution and By-Laws, which were adopted. Thereupon the following gentlemen were elected to their respective offices by the Honorable Medical Society of the State of Kansas:

PRESIDENT.—Richard Huson, M. D., Lawrence.

VICE-PRESIDENT.—James A. Rubicon, M. D., Atchison.

SECRETARY AND TREASURER.—Martin Mayer, M. D., Leavenworth.

BOARD OF CENSORS.—Lewis Grasmuck, M. D., Weston; B. L. Davis, M. D., Fort Scott; W. B. Bolton, M. D., Topeka; R. M. Huntington, M. D., Wyandotte; J. J. Edic, M. D., Leavenworth.

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ORATOR.—C. E. McCollister, M. D., Manhattan.

DELEGATES TO AMERICAN INSTITUTE OF HOMŒOPATHY.—Martin Mayer, M. D., of Leavenworth; Samuel K. Huson, M. D., of Lawrence.

On motion the Society then adjourned until Thursday morning at 8 o'clock. RICHARD HUSON, M. D., *President.*

J. J. EDIC, M. D., *Secretary.*

SECOND DAY'S PROCEEDINGS.

Pursuant to adjournment the Homœopathic Medical Society of the State of Kansas, re-assembled at the office of Drs. Mayer & Edic, at 8 o'clock, A. M., the President, Richard Huson, M. D., in the chair.

The journal of the last meeting was read and approved.

The Secretary was instructed to notify the members of their election.

Drs. Mayer and Rubicon were appointed a committee to procure a suitable seal with device and inscription, and certificates of membership for the use of the Society.

Drs. Mayer, Bolton and S. M. Huson were appointed a committee to procure a charter at the next session of the Legislature.

The Society then adjourned to meet in Lawrence on the first Wednesday in May, 1870.

RICHARD HUSON, M. D., President.

MARTIN MAYER, M. D., Secretary.

THE ONE HUNDRED AND FOURTEENTH Anniversary of the birth of Samuel Hahnemann, founder of the Homœopathic school of medicine, was celebrated in St. Louis, by a banquet, at the house of Dr. Comstock. Nearly all the Homœopathic physicians in the city were present.

MEDICAL COUNCIL OF ONTARIO.—The late meeting of the above society was rather a stormy one. The subject of discussion being the Medical Act of Ontario. We have no room for the discussions, but will give a statement of the business transacted, as gleaned from the full reports of *The Globe:*

Moved, that the Council declines to interfere in the arrangements for the election of any of the members of Council excepting those who represent the regular profession. After some discussion the motion was lost.

Moved, that the fee for the remuneration of the returning officer be $5. Adopted.

After the reading of a communication from the Canadian Institute, a motion was made by Dr. Brouse that the communication lie on the table, which, after a sharp discussion, was adopted by 11 to 8.

MOTIONS.

Dr. Richardson moved the following resolution: "That this Council would emphatically condemn the following amendments to the Medical

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Act, viz: 1st. The 25th clause by which it is provided that every candidate who shall, at the time of his examination, signify his wish to be registered as Homœopathic or Eclectic practitioner shall not be required to pass an examination in either Materia Medica or Therapeutics, or in the theory and Practice of Physic, or in Surgery, or Midwifery except the operative practical parts thereof, before any Examiners other than those approved of by the Representative in the Council of the body to which he shall signify his wish to belong.

2. The 4th clause by which it is expressly provided that the saving effect of the 29th Vic. Cap. 34, "shall not be modified or restricted in any way whatever," and in consequence of which the rights, franchise, power or duty, of the Homœopathic or Eclectic Board are not in any way "abridged," altered or affected."

3. The 3rd section of the 23rd clause, by which "any person, who has actually practiced medicine, surgery, or midwifery, according to the principles of Homœopathy or the Eclectic system of medicine before the first day of January, 1850, and for the last six years in Ontario, may, by the direction of the Representative of the Homœopathic or Eclectic systems of medicine, "be admitted to register under the act, and by so doing, according to section 6, become a member of the College of Physicians and Surgeons of Ontario."

Dr. Fulton having spoken, the resolution was lost by 9 to 6.

It was moved by Dr. Aikens, seconded by Dr. Brouse—That the Treasurer is hereby instructed to refund $5 to such practitioners as were entitled to be registered before the 1st July, 1865, and who have paid $10 for their registration. Carried.

Moved by Dr. Aikens, seconded by Dr. Brouse.—That Homœopathics and Eclectics, who had license from their respective boards before the 1st July, 1865, and who may within one year after the passing of the "Ontario Medical Act" desire to register are permitted to do so on the payment of $5, and otherwise complying with the provisions of said Act. Carried.

Moved by Dr. Fulton, seconded by Dr. McGill, that the Registrar be instructed to announce by advertisement in the *Globe* and *Leader* "that in accordance with the provisions of the new Medical Act, all Medical Practitioners who were qualified and entitled to be registered before the first day of July, 1865, may, on complying with the requirements of the Act obtain such registration on payment of a fee of $5, provided they register before the 23rd day of January, 1870."

A vote of thanks having been passed to the President, the Council adjourned *sine die*.

CATARACT is now being cured by a new process without operation. A phosphuretted collyrium is applied to the eye, which gradually restores the transparency of the crystaline lens, from the circumference to the centre, which is the last to yield. 30 Grammes of Oil of Sweet Almonds and 10 Centigrammes of Phosphorus, are dissolved in a water bath at 176 Fahrenheit in a closed vessel, and 4 grains instilled between the lids of the affected eye, four times a day, until a cure is effected.

CURE FOR HYDROPHOBIA.—We take great pleasure in placing before our readers the treatment of Dr. Bussion. While suffering himself with

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this fearful disease, he says: "I took a vapor bath with the idea of suffocating myself. On the temperature of the bath reaching fifty-two degrees centigrade, all the symptoms disappeared as by enchantment, and have never since returned. I have since applied the same treatment to more than eighty persons bitten by mad animals, and have not experienced one failure. As a preservative treatment, when a person has been bitten by a mad animal, let him take seven vapor baths ranging in temperature from fifty-seven to sixty-three degrees. But if the disease has already manifested itself, let the bath be rapidly brought up to fifty-seven degrees, and then slowly increased to sixty-three degrees. In the latter case one bath suffices; but the patient must keep his room until thoroughly cured.

Second Sight.—The following instance comes to us vouched for by one of the brethren. An aged colored man in Pensacola, Florida, after having been totally blind for many years, awoke one morning to find his eyesight fully restored. The man retained his eyesight until his death which occurred some months afterwards.

An old man in hospital at Bicatre, France, is said to have slept comfortably seven weeks without waking.

Reform.—To assist them in collecting their fees, the physicians of Millville, N. J., have adopted certain resolutions of which the following is a brief summary: At the last visit to the patient, the physician shall have his bill, which if unsettled at the end of ninety days, shall be placed in the hands of a collector, who may retain it not more than six months, if unsettled within that time it shall be placed in the hands of a Justice of the Peace, and if not liquidated within three months, the persons name for whom the bill was made shall be placed upon a list, of which each physician shall have a copy. Any person whose name appears upon the list shall not receive the services of the profession, until all arrears are paid, or by an order from the Overseer of the Poor.

Mrs. Harriet H. Hosmer, of Hartford, Conn., recently deceased, left large bequests to a number of benevolent objects. Among them one of $45,000 to the Hartford Hospital, and an additional $25,000 on condition that Homœopaths are recognized.

Disingenuousness.—It is a remarkable fact, that some of our Allopathic brethren, while denouncing Homœopathy in the heaviest terms, do not hesitate to avail themselves of its teachings in the manner of treating the sick entrusted to their care, but even have the audacity to set forth some of its principles and provings under the heading of original articles.

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At the Commencement of the Chicago Medical College which took place March 23d, thirty students received the degree of M. D.

Obituary.—John Epps, M. D., died on the 12th of Feb. from a paralytic attack complicated with asthma. He averred his faith in Homœpathy as early as 1838 since which time he was undeviating in his advocacy of all the practical details, and theoretical speculations contained in the Organon. He was an able writer, and worked successfully for the advancement of Homœopathy. He leaves a large circle of friends who mourn his loss.

Small Pox is immensely fatal in San Francisco. More than 3000 people have died of the disease within the past few months.

To remove Foreign Bodies from the Ear.—J. Hutchinson, Surgeon to the London Hospital, recommends the use of a loop of flexible wire. The patients head being placed on its side, the operator should gently press the loop into the ear, turn it a little, and then withdraw it. The plan is easy, simple, effectual, and free from risk.

Purpura Hemorrhagica.—An interesting case of this disease recently occurred in Zanesville. A. M. Lindsey was taken on the 27th of Feb. with bleeding from the nose which was checked only by plugging. He made a good recovery, and last week was about the streets as usual, though looking somewhat pale. On the 20th of March he was again taken with bleeding, this time from the nose, eyes, ears, mouth, and pores of the skin, which continued, notwithstanding everything that could be done, until about the middle of the night, when death ensued.

Chlorate of Potash in Abortion.—J. R. Lewis reports four cases of threatened abortion, as successfully relieved by the use of Chlorate of Potash in doses of three grains four times a day.

BOOKS AND PAMPHLETS RECEIVED.

Proving of Carbolic Acid. By T. Bacmeister, M. D.; T. S. Hoyne, M. D.; T. C. Duncan, M. D.; T. P. Hedges, M. D.; C. W. Boyce, M. D. Chicago, 1869.

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A Contribution to the study of HumanMilk. By T. F. Allen, A.M.,M.D. Medical Investigator; May.

American Hom. Observer; May, June.

Homœopathy in 1869. By Wm. Bayes, M. D. London.

The Medical Bulletin. Baltimore.

Bibliotheque Homœopathique. April. Paris.

Monograph on Dioscorea Villosa and Dioscorein, etc. By A. M. Cushing, M. D. Lynn, Mass. Detroit, Mich.

Pathogeneses of Ptelia Trifoliata. By E. M. Hale, M. D. Reprinted from Transactions of the American Institute of Homœopathy.

Letter to Professor A. B. Palmer, A. M., M. D., of the University of Michigan. By Charles J. Hempel, M. D. Detroit, Mich. Office of Am. Hom. Observer.

Homœopathic Quarterly. April.

Medical and Surgical Reporter. (Weekly.)

Polar Magnetism. By Mr. A. Parker.

Second Lecture on Polar Magnetism.

Transactions of the Am. Institute of Homœopathy.

British Journal of Homœopathy. April.

Philadelphia University Journal of Medicine and Surgery.

U. S. Medical and Surgical Journal.

American Journal of Hom. Mat. Med. March, April.

Ohio Medical and Surgical Reporter. May.

Monthly Hom. Review. London. April.

The Homœopathic World. London. April.

Hahnemannian Monthly. April.

New England Medical Gazette. April.

Boston Journal of Chemistry. April.

Valedictory Address. By N. D. Tirrell, M. D.

Brief History of the Materia Medica. By S. B. Barlow, M. D.

Seventeenth Annual Report of the Directors of the New York Ophthalmic Hospital.

Missouri Dental Journal. April.

Chicago Medical Journal,

Bell on Diarrhœa and Dysentery. Philadelphia. A. J. Tafel. 1869.

LOCATIONS FOR HOMŒOPATHIC PHYSICIANS IN THE STATE OF MISSOURI.

Potosi, Washington county; county town; population, 2500. Large mining town.

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IRONTON, Iron county; county town; population, 1200. Large mining town—country well-settled.

ST. GENEVIEVE, St. Genevieve county; Mississippi river; county town; population, 1500. Very old town—country well-settled, town growing rapidly.

FREDERICKTOWN, Madison county; Iron Mountain railroad; county town; population, 1500. Large mining district—country settling rapidly.

CAPE GIRARDEAU, Cape Girardeau county; Mississippi river; population, 2000. Great many Germans.

MONTGOMERY, Montgomery county; North Missouri railroad; population, 1500. Machine shops.

MEMPHIS, Scotland county; (railroad building;) county town; population, 2000.

EDINA, Knox county; county town; population 1500.

KEYTESVILLE, Chariton county; North Missouri railroad; county town; population, 1000. Very rich neighborhood—town growing very rapidly.

RICHMOND, Ray county; North Missouri railroad, and St. Louis & St. Joseph railroad; county town; population, 2500. Very rich neighborhood.

LINNEUS, Linn county; county town; population, 1500.

HARRISONVILLE, Cass county; (railroad building;) county town; population, 1500.

PLEASANT HILL, Cass county; Pacific railroad (three railroads building); county town; population, 4000. Important railroad centre.

GREAT PREPARATIONS are making in Boston to render the next meeting of the American Institute of Homœopathy, on the 8th, 9th, 10th, and 11th of June, the largest, most instructive, and most social gathering of the kind ever held. The Institute is to be officially recognized by the city of Boston—the hub giving a dinner to the tune of $2,500.

ED.

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THE

Western Homœopathic Observer.

AUGUST, 1869.

Original Articles.

MATERIA MEDICA.

CYANURETUM HYDRARGYRI.

Hydragyri Cyanidum U. S., Hydragyri Cyanuretum, U. S. 1850, *Cyanide of Mercury, Cyanuret of Mercury, Bichloride of Mercury, Prussiate of Mercury.*

Cyanide of Mercury is permanent in the air, and crystalizes in anhydrous right square prisms, which are sometimes transparent, but usually white and opaque. It has a disagreeable styptic taste. It is but sparingly soluble in alcohol, but dissolves readily in cold water, and much more abundantly in hot. When acted on by muriatic acid, hydrocyanic acid is collected, recognizable by its odor, and bichloride of mercury is left, which is wholly volatilizable by heat. When heated it yields cyanogen, and a black matter is left containing globules of mercury.—U. S. D., 1865.

I promised, some time ago, that I would lay before the readers of the OBSERVER some observations of Dr. Villers, of Dresden, on Diphtheria with Cyanuret. Merc. I will now in part fulfill my promise by translating a short symptom register, observed by several physicians, upon those who have been poisoned with Cyan. Merc. The symptoms have been compiled by Dr. Henke, of Riga, and are published in the Allgem. Hom.

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Zeitg, vol. 78, pages 19, 20, 21. Dr. H. availed himself of the observations of Kapeler (Orfila, Toxicol. gen. I, 334; Dr. Frank Magazine, III, 251; Dr. Moss, Allg. Hom. Zeitg. 70, Bd. Monatiblatt, Sem. XI, No. 1, p. 6; Dr. Leon Simon, ten, Bulletin de la Soc. Med. Hom., Oct., 1863).

The authors' names in the symptom register are—K. (Kapeler), M. (Moss), S. (Simon).

1. General debility which soon increased to faintness, causing X to remain for some time in an unconscious condition.—S.

Great sensation of coldness.—M.

The skin icy cold (after 11 hours).—S.

The extremities very cool (after 13 hours).—M.

5. The skin was getting warm again (after 19 hours)—.S.

Highly feverish, with sleeplessness and violent headache (after 3 days).—S.

The pulse is small—70-76 per minute after 11 hours).—S.

The pulse was quicker and stronger—90 per minute (after 19 hours).—S.

The pulse feeble, 130 per minute, with very cool extremities and cyanotic hue of the face (after 13 hours).—M.

10. The pulse small, 132 per minute, after frequent vomiting and diarrhœa, bloody tinged stools (after 24 hours).—M.

The pulse irregular, 102 per minute (on second day in the morning).—M.

The pulse 92 per minute (on second day in the evening.)—M.

The pulse almost slow but full and hard, the heart's stroke strong and vigorous, respiration free, slight cough (on fourth day).—K.

The chest gave throughout a distinct sound (on the fourth day).—K.

15. Lungs and heart free, but the impulses of the heart and its sound were very feeble (13 hours). Symptom 9.—M.

Considerable thirst (fourth day).—K.

Thirst very violent, but the drink was vomited up immediately.—S.

The night was restless. X was much agitated, and talked without ceasing; became angry at his waiters (nurses) and talked

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irrationally in his rage (after 24 hours). The following night was spent equally so.—S.

Patient slept the whole night, but awoke with violent headache, nausea and increased thirst, great redness of the face and difficult deglutition (on second day).—M.

20. Violent headache, with nightly fever and sleeplessness (after third day).—S.

With headache and vertigo, considerable bleeding of the nose (on second day).—M.

Headache, vertigo while sitting up, buzzing in the ears (on second day).—S.

The patient had violent headache, strong, vigorous beating of the heart, repelling the hand when placed upon that organ (on fourth day). Symptoms 13. 14, 15.—K.

The face is pale, slightly bluish and distorted (after 11 hours).—S.

25. The countenance cyanotic (after 13 hours). Symptom 9).—M.

The countenance has a very earnest look, the eyes stare, with reddened conjunctiva of the eyes (on fourth day).—K.

The pupils are much dilated (after 13 hours). Symptom 9.—M.

The pupils are contracted (on second day).—M.

The eyes are sunken (after 11 hours).—S.

30. Slight epistaxis (on fourth day). Symptom 21. Epistaxis continued until the 15th day.—M.

On the morning of the fifth day bleeding of the nose, during which time urging to urinate set in, whereupon the urine was voided in the bed.—M.

Daily, once or twice, bleeding of the nose alternates with vomiting, for six days.—M.

The tongue is pale (after 11 hours). The posterior portion of it has a yellow coating (after 19 hours).—S.

The tongue is clean (after 13 hours).—M.

35. The tongue coated, considerable nausea, but no vomiting and no stool (on third day).—M.

Formation of small blisters on the left edge of the tongue,

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and on the palate (left); also, the tongue much coated (on fifth day).—M.

In the mouth a styptic and disagreeable taste (after 11 hours).—S.

Bitter taste, after frequent vomiting and diarrhœa.—M.

The lips, tongue and the inner surface of the cheek were studded with numerous small ulcers, which were covered with a whitish-gray mass (on fourth day).—K.

40. The entire mucous membrane of the throat greatly reddened, with difficult deglutition (on second day.)—M.

The mucous membrane of the mouth affected, the gums swollen, and covered with a white mass; on the edge of the gums there is a border of violet blue, the tongue is swollen, the entire mucous membrane of the mouth and throat is red, covered with an exudation in stripes, or island-shaped, raised, (on second day).—S.

The condition of the mouth grows worse; upon the velum and tonsils a gray, soft, superficial layer is formed; also on the inner surface of the right cheek a round ulcer, with gray, bare, sharp demarcation of the edges, and increased redness (on third day). On the fourth and fifth day the ulcer in the mouth spread more and more, and was covered with a gray exudation, with disagreeable metallic taste. An aversion to food. Later, a gray, diphtheritic layer formed on the anus, similar to that on the mucous membrane on the inner surface of the cheek.—S.

The salivary glands are smaller.—K.

Profuse flow of saliva from the mouth, having the peculiar odor of quicksilver (on fourth day).—K.

45. Deglutition is very difficult (on fourth day).—K.

Great difficulty in deglutition (on second, third, fourth and fifth days).—M.

Scraping sensation in the throat, which is red, arborescent and deglutition difficult (after 19 hours).—S.

Loathing with continued nausea.—K.

Nausea followed soon by vomiting.—M.

50. Vomiting immediately after drinking (on fourth day.—K.

Bilious vomiting.—S.

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Daily vomiting once or twice, alternating with bleeding of the nose, continued for six days. Symptom 31.—M.

Night, vomited twice, with discharge of much dark blood (on fifth day).—S.

During the night vomiting twenty or thirty times, with increase of bitter taste; the vomiting consists of a whitish, turbid, slimy mass, of alkaline reaction, without peculiar smell (on fourth day).—M.

55. Vomiting and diarrhœa, alternating during 12 hours, so that twenty or thirty times vomiting and stool ensued.—M.

X drank much, vomited six times, and had eight green, slimy and stinking stools (on the second night).—S.

Vomiting mixed with bloody matter, copious loose stools and violent pains in the abdomen (immediately).—K.

General sensation of coldness, followed soon by loathing, vomiting, and loose stools, with very violent pain in the bowels (immediately).—S.

Sensation of burning in the stomach, with violent thirst (after 19 hours).—S.

60. Epigastrium and abdomen painful and distended (after 19 hours).—S.

Violent pain in abdomen, which is aggravated after each stool.—M.

Two thin, boody tinged stools, without passing urine (after 19 hours).—M.

Slimy diarrhœic stools, with tenesmus at night.—S.

Constant urging to stool with tenesmus, but seldom followed by a stool; the stools were mixed with blood (on 4th day).—K.

65. Great urging to stool, followed by thin discharges (after 10 minutes).—M.

With great exertion, six liquid and bad smelling stools during 8 hours.—S.

No stool the second, third and fourth day, after an enema, two feculent, dark-colored stools, slightly tinged with blood, and without voiding urine (on the fourth day).—M.

A feculent stool of dark hue (on fifth day).—M.

No stool on the third, fourth and fifth days. Later, loose stools again.—S.

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70. Retention of urine during five days.—K.

The bladder was empty on the second, third, fourth and fifth days.—M.

No urinary discharge.—S.

The urine voided on the seventh day reacted acid; the microscopic examination showed numerous straight and spiral cylinders, covered with fine granular detritus, no blood corpuscles. The chemical tests gave much albumen.—M.

The scrotum is dark blue, and also the half-erected penis (on fourth day.—M. J.

Surgery.

L. H. WILLARD, M. D., Pa. Editor.

CARBOLIC ACID.

Some recent investigations with this acid by the French physicians, especially M. Semari, reveal many interesting hints to the surgeon.

Immediately after applying this acid to the skin, a sharp smarting pain is felt, which lasts about an hour, with the formation of a white coloration from the action of the acid on the albumen; it then disappears by degrees and is replaced by some congestion which lasts about twenty days. This congestion presents all the character of an intense inflammation being attended with redness, heat, and swelling. The epidermis becomes detached by degrees, and when the exfoliation is complete a brown spot remains, which testifies for a long time to the energetic action of the acid. After a number of experiments on the arms and legs, it is said, that this smarting never lasts longer than an hour. The redness of the skin remains about twenty days, but the inflammation never extends beyond the part to which the acid is applied.

The action of the *pure acid on the mucous membrane* is analogous to that on the skin. There is acute smarting and shrivelling up of the epithelium, a milky coloration being observed.

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The smarting does not last so long as it does when the acid is applied to the skin, especially on such membranes as produce an abundant secretion, and the epithelium quickly returns to its normal condition. From the above rationale of action, not only do we learn that it is a virulent poison and a powerful irritant, but that it is, if applied according to our law of similitude, a remedy capable of doing good as well as harm. Its redness, smarting, and heat, together with the inflammation it produces, closely resemble those noticed in burns and scalds; while its corroding action and its power of destroying tissues may point to its use in ulcers of a phagedenic and sloughing character. Recently it has been applied to almost all "the ills which flesh is heir to." A smooth cut which only needs careful approximation of the edges, has, by it been said to be, cured quickly and effectually. In some diseases of bones where nature is doing her silent and careful work, this substance has been used in a dilute form, and to my certain knowledge has produced untold injury.

In Burns.—One-tenth acid, the remainder olive oil, has proved valuable. A case happened in the Homœopathic Hospital of this city which is worthy of note. One leg was slightly burned, the other almost charred. Here was great sloughing, and the malleoli of the tibia were exposed, the dorsal surface of the foot burnt to such a degree as to expose the tendons; in fact the case presenting an appearance justifying the belief that a useless foot would be the ultimate result. The acid was applied. It eased the pain, removed the smarting, prevented the continuance of the sloughing, and had the happy effect of producing healthy granulations. Its application was continued for three weeks or more, when *calendula* was used; but this not doing as much good as the acid, it was again substituted and continued until recovery resulted. The man is now well, no cicatrix has formed, no tendons are contracted, and he walks almost as well as he ever did. This was a patient of Dr. McClelland's. In a number of other cases it has proved equally satisfactory. The cloths are not to be removed after once applied, but kept continually saturated with the mixture.

In Amputations.—*Carbolic acid*, one drachm to five ounces of water applied to the stump after the parts cease to bleed, and

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kept continually saturated, is said to prevent suppuration and excite adhesive inflammation. I give this for what it is worth, and that is not much in my estimation, for after suppuration occurs would be the period for applying a remedy to prevent it. The adhesive inflammation is generally found abundantly sufficient in all amputations. The above I have never tried.

IN TREATMENT OF FOUL ULCERS.—Carbolic acid, one drachm; water, four ounces; is applied to the sore which is kept continually wet with the same until the odor is destroyed and the parts have assumed a healthy appearance. Then the lotion is to be made of less strength and applied until recovery. This has been found of great benefit by the surgeons in tropical countries acting as a disenfectant. It is also recommended for the bites of insects, bees, wasps, &c., and to drive away musquitoes. I think the odor would prove a greater nuisance than the insects.

WILLARD.

ENCHONDROMA—ITS REMOVAL.

BY A. E. RIESS, M. D, VIENNA, AUSTRIA.

Wilhelmina B. was admitted to one of the private surgical wards of the large hospital in the Alster Vorstadt, Vienna, having a considerable tumor occupying the upper four-fifths of the lateral and posterior portion of the right side of the neck. Through the kindness of my friend, Dr. Funk, 1st assistant of the above named division, I was invited to be present at the extirpation.

The patient, a healthy and robust country girl, twenty-one years of age, stated that her health had always been good; that her menses had always been regular, and had not yet been the source of trouble; that eight years ago she had first noticed a small tumor, the size of a common marble, upon the region corresponding to the transverse process of the 3d cervical vertebra; that the tumor had then produced no pain, not even when manually examined, and that she could not recall to

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mind any "*trauma*" to this region. Not having been the source of pain, she allowed the growth to remain for six years, it meanwhile growing slowly. Six years after the first appearance of the tumor, it presented the size of a small hen's egg—this is now two years ago. During this whole period the patient was free from pain.

Some two years ago she received a blow upon the tumor; her attention now was especially directed to it, for, from this time, it began to grow with decided rapidity.

At the time of the patient's entrance into the hospital, she was unable to throw her head backward and to the right side to the wonted extent, the tumor being the mechanical cause, as the occipital bone was pushed against it during the execution of the motions in question. Pain was absent as always, except when the tumor was firmly pressed against the neck, and, even then, it was so slight as scarcely to need mention. There were no other tumors to be found upon any part of the patient's body; her parents were also free from such swellings. The health and color of the patient were very good, and the sole desire for extirpation was the conversion of her unseemly appearance into one more favorable.

Ocular inspection was of very little service in defining the boundaries of the tumor. It was also difficult to discover accurately all its borders; for, laying aside the fact of the presence of more than an ordinary amount of adipose tissue, the mass appeared imbedded in, or below the muscular layers. The integument covering the whole enlargement (if I may use this term) was healthy and its function normal.

Immobility was a marked feature of the growth. Although the superlying structures were deep, there were no obstacles sufficient to prevent the hardness from being detected. The density was not equal throughout, and a faint feeling of the irregularity of lobes presented to the examining fingers.

The tumor took a direction (commencing at the median line of the neck and just below the os occipitalis) downward, outward, and forward, crossing the transverse processes of the 2d, 3d and 4th cervical vertebræ; thence extending into the posterior triangle of the neck. The concavity made by the

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integument in covering the occipital region and that of the upper cerv. vert., was not only obliterated, but changed into a convexity. The glands were perfectly free from infiltration.

Now, in making the diagnosis, the exclusion of a malignant growth was perfectly safe and correct, for there was a total absence of any symptom usually to be found in a more advanced carcinomatus habitus. Again, had it been a cancer, her constitution would have long since been undermined; her color, instead of being good, would have been of a dirty, yellowish, leaden hue, and, in all probability, her assimilative powers would have been insufficient to maintain life throughout eight years. Furthermore, a carcinoma does not usually appear at such an early period of life (13th year); does not remain painless, and does not allow the glands to remain uninfiltrated. Finally, a carcinoma does not grow for eight years without a degenerative process locating itself in the tumor. Clinically, we have now done away with a carcinoma. What was it? It might be a fibrous or fatty tumor, as well as exostosis or enchondroma.

Generally it is not very difficult to make a differential diagnosis between these tumors. In this case, however, it was impossible to form a certain diagnosis, for there were obstacles present that could not easily be surmounted. I wish to call attention to the fact of the depth of the overlying structures and their quality, which alone made it impossible to accurately define all the borders of the tumor. There were a few points, however, upon which we could base probabilities.

Against a fibrous neoplasma there was the unequal density, as well as the large size and peculiar form; for fibrous tumors almost always are equally dense throughout, are not very large, are more ball-like in form, and are multiple.

It might have been a fatty tumor, for when old they are often very hard. The shape of the growth, however, fully dispersed the remaining probabilities of the presence of a lipoma, as this, when old, surely has a pyriform shape,—the consistency of such a tumor allowing its component parts, more or less, to follow the law of gravity. Having now, in a few words and as concisely as possible, excluded the presence of a fibrous and fatty

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tumor, the choice, or rather diagnosis, lay between an exostosis or enchondroma, each of which was probable, although the latter seldom appears in this region.

The one is *always*, the other *often*, immovable. The first always proceeds from bone, and the other not always; whether near to or distant from cartilage. The neck or pedicle which often connects an exostosis with the bone from which it proceeds would have been of no particular diagnostic value, even if present; for, whether exostosis or enchondroma, if this tumor proceeded from bone, as was believed, under the present condition of things, it could not have been diagnosticated; and even should this have been possible, it could not have been otherwise than that the connecting part of the bone would have presented what is usually termed a "neck;" for the tumor was much larger than several vertebræ. The only symptom in favor of an enchondroma was the unequal hardness of the growth; this was believed to be a sufficient cause, under the present condition of things, for making the diagnosis *enchondroma*. The operation was conducted as follows: The first incision was made parallel with and above the region of the transverse processes of the right cervical vertebræ, and was about five inches in length. The cut was finally brought down to the tumor. It was now evident that the growth lay deeply under the muscles, which were very much elongated in consequence of the increasing volume of the mass. Another incision was made transversely to and at the centre of the first, but not to so great an extent. This cut severed the several muscles more or less transversely. The attempt was now made to peel out the tumor. The superficial part was easily separated from its surroundings, but not so with the deeper portion. With perseverance the operator succeeded in turning out the whole growth; for, to the astonishment of all present, there was no connection with bone.

Having divested the mass of its bed of condensed cellular tissue (laminæ of which dipped partly into the tumor) a smooth-surfaced, lobular enchondroma presented. This bed of cellular tissue (which is not the product of inflammation) contained, in this case, quite a number of large vessels, and was the only

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tissue which separated the tumor from the vertebræ and their ligaments.

The immobility of the growth was now clear. The tumor made an obtuse angle at the point where it lay upon the transverse processes, and they pierced the growth; or, in other words, the tumor adapted itself between and on the sides of the transverse processes. Wedged in, as it was, between bone and muscles, it is to be wondered that the pressure (produced partly by the weight of the growth and partly by the muscles in being drawn tense over the tumor while the head was carried forward and to the left, the mass being on the right) did not cause absorption of those parts of bone upon which this pressure was exerted. As the muscles were so much elongated, it would seem plausible that they could exert but very little influence upon the vertebræ; this, however, was not so, for the muscles always exercised a decided pressure upon the enchondroma, especially if the head was drawn forward; the muscles being then stretched upon the tumor, as the strings of a violin upon the bridge. If the head was thrown backward and to the right, the muscles, by their own contraction, exerted a compression upon it, which pressure must have been carried to the bone through this hard medium, the enchondroma.

In closing the wound, the sutures of the transverse incision were carried through integument, adipose tissue and muscles in order to bring the severed surfaces as nearly as possible into contact. The contraction that took place in the severed muscles shortened them to a sufficient degree to allow their cut ends to be adapted without bulging of their extremities. It is not impossible that in future the cicatrized tissue may so contract as to shorten these textures, which then would draw the head to the right and backward. On the 12th day after the operation the patient began to move the head, and on the 22d day she had full control of the muscles.

Microscopically, the tumor was composed of hyaline and fibro cartilage. The structure, as always, was that of physiological cartilage, with the exception of the ossified centres. The arrangements of the cells were various. Some parts presented clusters of cells, while in others they were "few and far be-

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tween." In some places the intercellular substances predominated; in others, again, the cells made up the greater part of the structure. Those parts composed of fibro cartilage were devoid of ossifying centres, which were only found in the hyaline variety. The reason for this is, or seems to be, a peculiar inherent something, that does not permit the fibro cartilage to undergo an ossifying metamorphosis. This kind of cartilage enters wholly into the formation of the epiglottis, and this is not known ever to have undergone such metamorphosis. I do not believe that ossifying centres were ever found in this variety of cartilage, when seen in an enchondroma.

OPERATION FOR ARTIFICIAL PUPIL.

BY DR. BAELZ, PITTSBURG.

A laboring man, aged 45, blind in both eyes, was led to my office by his wife. An examination revealed central glaucoma of both eyes, right corner completely opaque, and impervious to light. The left corner was transparent on the lower and inner coronal margin, light being discernible at bright mid-day. The left globe full and sound; the texture of the iris in good condition, as near as could be ascertained, and also sensibility of retina. These conditions induced me to operate on the left eye. After a few days hygienic preparation, I incised the left corner on the lower and inner side, and took out fully one-third of the iris. The patient was under the influence of an anæsthetic. The incision healed kindly in a few days, and after the lapse of two weeks he could walk without assistance, could distinguish colors and see large print.

CHRONIC EXTERNAL OPHTHALMIA, WITH TRICHIASIS AND ENTROPIUM.

A German lady had been suffering for two years with this troublesome and painful disease; had been operated on twice for entropium; had been under alterative treatment, blisters, innumerable lotions to her eyes without effect; and was radically cured in three months by the external application of aconite.

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SURGICAL CASES.

BY WM. TOD HELMUTH, M. D.

CASE XXX.—AMPUTATION AT THE LOWER THIRD OF THE THIGH—FOR CARIES OF THE KNEE JOINT.—I. U., aged about twenty-one, entered the Good Samaritan Hospital during the month of February in a deplorable condition.

Some four months since, while engaged in chopping wood, he cut his knee with the axe, and having bound up the wound walked home. That night the whole leg became much inflamed and very painful, and a physician was sent for. The leg was poulticed, the bowels purged, and the usual allopathic routine continued.

The young man was an apprentice; was poorly fed and poorly attended to, and was attacked with an intermittent fever, which prostrated him to a degree. Rapid emaciation together with increased suppuration followed. The abscess was not lanced; the pus burrowed in various directions; the capsule of the joint was involved, and in this condition he was brought into the hospital.

There were five sinuses in the thigh discharging fetid matter, and from an orifice on the left side of the patella a glairy fluid exuded, which evidently proceeded from the joint itself.

The "question of amputation" here became a very serious one. He was rapidly failing; the probe indicated caries of the articular extremities of all the bones entering into the formation of the knee joint. His emaciation was increasing, and his appetite gone. Would he bear the shock of removal of his leg? Should a resection of the knee be attempted? How long would he live after the operation? These were the questions that had weight in my mind. I was well aware of one fact, and which was well illustrated in the case of amputation of the thigh previously reported in this paper, viz: That frequently after the removal of a diseased part, although the system at *the time of the operation* may be in a very debilitated condition, yet the source of irritation being taken away, nature at once begins the

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process of reparation. The chief facts that deterred from resection were these:

1. The excessive emaciation of the limb.
2. The very soft condition of the muscular fibre.
3. The numerous cavities and sinueses which had been formed by pus that had been denied outlet, and
4. The time that would be required to allow the wound after the resection to heal.

These circumstances, taken together, appeared to favor amputation, and therefore, on the 3d of April, in the presence of the private class, and assisted by Doctors Hartmann and Morrill, I proceeded to remove the limb at the junction of the middle and lower third of the thigh by the anterior and posterior flap operation. As the catlin passed through the quadriceps, a gush of pus took place from between the muscular sheaths; the posterior flap was made longer than the anterior,and the bone sawed through in the usual manner. The removal of the diseased limb occupied about a minute. I applied an acupressure pin to the profunda femoris which arrested the hemorrhage from that vessel; but although I twice placed a good sized acupressure pin across the femoral (which for a short time arrested the bleeding,) yet there had been so much suppuration, and the parts were so softened by infiltration, that ligatures had to be applied. This teaches an important fact regarding acupressure. The flaps were brought together, and the stump looked well. For a time every thing appeared to prosper; the patient was in good spirits; the healing process appeared to be progressing; the ligatures came away in good season; the acupressure pin was removed in twenty-four hours. After the operation, the appetite began to return and I was about to congratulate myself upon a recovery. But night sweats came on, cough, mucus rales, expectoration, colliquitive diarrhœa and hectic finally ended the life of the patient.

Successful Rhinoplastic Operation.—Mrs. T., a middle-aged and respectable married lady, applied to me to ascertain if any means could be devised to remedy a deformity of the nose which was produced in the following manner:

She had some time since a painful tubercle on the right ala-

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nasi, which had caused her much worriment of mind; and being fearful of malignant disease, she had consulted a cancer doctor (?) who applied a paste which took away the tubercle, and with it, the whole ala of that side, causing a severe ulceration, which had extended to the internal angle of the eye. This solution of continuity had healed, leaving an ugly cicatrix, which may be seen upon referring to the plate (A.) I explained to her the nature of the operation which could be performed for the restoration of the absent ala, to which she eagerly assented and which was performed on the second day after our interview. The edge of the gap next to the face was very thin; indeed, was formed of a portion of the cicatrix already mentioned; while toward the top of the nose the border was full, healthy, and prominent. The trouble, if there should be any, would evidently be at the thin margin during the process of cicatrization. The operation was thus performed. Before she was brought under anæsthetic influence, a piece of paper was laid over the nose and cut the exact shape of the cavity, being made, however, one-third larger all around. This was turned back upon the cheek and its outline marked with a pen and ink, (vide

plate C.) She was then rendered insensible and the flap dissected

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up. I did not, however, make an incision perpendicularly through the tissues to the cellular substance, but entered the scalpel *in an oblique* direction, thus making a beveled edge around the entire flap, leaving the pedicle as near as possible to the alanasi. In a similar manner the edges of the entire gap were refreshed, thus making two tolerably broad raw surfaces. The flap was then twisted to its place and secured by pins of pure silver, around each of which a single turn of silk was passed. The ends of the pins were then cut with the nippers, and she, when fully recovered from the anæsthetic, was allowed to return home. On the third day after, I visited her and removed two of the pins and applied a strap across the face and over the nose, extending from one cheek to the other. In two days I removed the remaining pins and a single suture which I had applied to draw the flap close down to the septum. The recovery was complete, and the astonishing manner in which the new ala has been rounded off by nature, and the almost imperceptible scar which remains from the wound in the cheek, render the operation one very satisfactory both to patient and surgeon.

Fibroid Polypi of the Uterus.—There is often a peculiarity in the manner in which a number of similar cases come upon the general practitioner. We pass weeks and months without being called upon to treat a particular disease, and when finally one is presented, several frequently follow in rapid succession. This, I believe, is the experience of every practitioner either in medicine or surgery. These remarks were further corroborated by the opportunity afforded me for removing two fibroid polypi on the same day, during the month of April.

At different times I have had occasion to take away polypi of different sizes and of the different varieties as classified by Rokitansky, and in the British Journal of Homœopathy for 1865, p. 538, can be found a paper in which I have endeavored to describe these different species.

The two cases which I now record were of the first variety, and were distinguished by those marks which belong to their species, viz:

1. Smallness of size.

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2. Spherical or spheroidal shape.
3. Density.
4. Hardness.
5. Poverty of vessels.

These tumors had been growing for some time. In the one case, that of the younger patient, there were the usual symptoms leading to such diagnosis, viz: hemorrhages which were sometimes very profuse and exhausting; constant nausea, but no vomiting: constipation of the bowels, furred tongue, and some emaciation. In the second case, quite an elderly lady, there were none of the above symptoms at all, the only indications of anything abnormal in the entire system being *frequent* and violent *palpitation of the heart* and profuse bland leucorrhœa.

There were no hemorrhages, no nausea nor other unpleasant symptoms save those noted. I had carefully examined her heart and was certain that its palpitation and irregular action were entirely sympathetic and fancied the reflex action to come from the stomach. An examination per vaginam, revealed the difficulty.

Now the difference in the symptoms of these two cases is instructive, and the rationale can be found in the position of the tumors. In the one, that of the younger, the tumor was in the uterus, beyond its neck, and for a long time beyond the power of touch; as it grew, however, it gradually expanded the os uteri, and finally a hard globular mass, about the size of a small lemon, could be detected after a most profuse and dangerous hemorrhage. It was my intention to seize this with the clawed forceps, draw it downwards to the vulva, place around the stalk the chain of the ecraséur, and remove it as on previous occasions. The latter portion of the operation was not necessary. By twisting the mass and making gradual traction to draw it without the vulva, it came away with a profuse hemorrhage. This was on the 8th day of April, and to-day, the 22d of June, I have had the pleasure of seeing the patient entirely restored. Since the operation, she has been taking, every night, *Calc. carb.* 6th.

In the second case, the tumor was almost entirely in the vagina, and was somewhat of similar nature to that removed from a

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patient of Dr. Bolton, of Rushville, and recorded as before mentioned. The removal of this growth was more tedious and troublesome than the former. The patient was advanced in years, and suffering from the frequent palpitations before noted, would not consent to the use of anæsthetics. I concluded, therefore, that it would be less painful to pass a needle armed with a double ligature through the pedicle, and having tied it on each side the stalk, to sever it with the bistoury, than to go through the slow and painful process of crushing through the pedicle with the chain of the ecraséur. After some difficulty, this was effected. The patient recovered well. She is now taking the *bromide of potash*, and has had pure nitric acid applied four times to the remains of the pedicle. At present she is at a watering place in the east.

Polypus of the Rectum.—I was induced to give the bromide of potash in the above case, from its remarkable action upon a young woman aged about twenty years, who had never menstruated, was short of stature, and a somewhat dwarfish appearance, who was admitted into the Good Samaritan Hospital on January 25th, of the present year. She stated that eight years ago she had suffered from a red bleeding substance in the rectum which had been removed by a physician, but that similar growths had apparently returned. She was pale and sickly looking, though not much emaciated, but was troubled with a constant diarrhœa and more or less tenesmus and the passage of a good deal of blood. Upon a mere external examination of the parts, nothing particular could be noted; but upon desiring her to attempt to expel the contents of the rectum, there would protrude several elongated bodies, resembling earth worms in shape, but of a much more brilliant red color. They presented a soft, vascular, shreddy appearance, bearing some resemblance to sarcomatous growths. With this expulsion there was always a yellow very fœtid discharge. Upon examination of the fæces they were flattened, and there was flatulent distention of the bowels. Knowing the value of the bromide of potash in the removal of several varieties of morbid growths, I determined to try the medicine upon this patient. I gave the following prescription:

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Potass. Bromide ʒi.
Aquæ, font. ʒvi.
M. ft. sol.
Dose.—A tablespoonful three times daily.

She continued this treatment from early in February until the middle of May. She began to improve in health shortly after taking the medicine; the diarrhœa ceased: she performed household duties in the hospital, and when I examined her on the 13th of May, though the fœtid fluid was expelled, she was unable to protrude any polypi. By inserting the finger within the rectum, the remains of the growths could be felt, but otherwise she was in good health. I had endeavored to draw down these polypi and ligate them, but they were too friable and broke away so easily that I gave up the attempt.

TUMOR OF THE MAMMAE.—Some time since I was consulted by a lady from the country. She was quite in an agitated frame of mind, having just come from the consulting room of an eminent surgeon, who had informed her that the tumor was scirrhus and that removal by the knife was the only resource. Upon examining the left mammae, just below the nipple was a hard round tumor, moveable, not painful upon pressure, but somewhat sensitive. It had been noticed for several years but had not increased in size until the past six months. It then had gradually enlarged and had caused her much uneasiness. She had occasional shooting pains, but no other definite symptoms belonging to cancer, and so she was informed. She was entirely averse to the use of the knife and desired medical treatment. The first prescription was *calc. carb.* 6th., of which she took one powder every night for three weeks. She then returned to say there was no improvement. I ordered her then *conium* 3d, to be taken every night and morning for two weeks, then every night for two weeks, and afterward every other night for the same length of time. I also ordered a few drops of the tincture of the same medicine to be rubbed upon the part each night. In four weeks she returned to say that she thought she was better. Upon examination, there was no lessening in volume, but the swelling was much softer. The treatment was continued and in three months the growth had entirely disappeared. I may mention

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here that the same treatment has subsequently removed a similar tumor of some time standing from the axilla of a lady somewhat advanced in years.

Western Homœopathic Observer.

ST. LOUIS, MO., AUGUST, 1869.

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Editorial.

THE PREVALENT DISCORD.

"Why is this? wherefore, what shall we do?—HAMLET.

The National Peace Jubilee has just closed in Boston, and it would be well for our school to follow the example of our Eastern brethren, who have tried the efficacy of such a convention *politically*, and to create *medically* a similar convocation. There are epidemics of disease, social epidemics, suicidal epidemics, and epidemics of disagreement, and it appears to us as though our school had been passing the latter ordeal for the past year or more. In all, or certainly in many, of our large cities, there has been discord and disagreement among the brethren; wrangling and strife have prevailed to an alarming extent; party spirit has grown rancorous, and, as a necessary result, the progress of the cause is thwarted, if not arrested, in its march of success. When we look over all these difficulties, we naturally endeavor, with the sages of old, "*tolle causam.*" We have the college question, the journal question, the dose question, the society question, the book question, the materia medica question, all interesting the members of the profession, and all bringing together more or less discordant elements.

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But the query arises, cannot these important matters be settled without any breach of faith? A fair, legitimate criticism on our works is necessary for the elevation of our standard of medical education; a frank expression of opinion in regard to the policy adopted by our institutions redounds to the credit of our schools; an honest defense of our opinions and expressions when assailed, leads to the promulgation of truth; the energetic management of our journals tends to the proper dissemination of our doctrines; the multiplication of our scientific works adds power to the impetus we have gained; convictions expressed with regard to our materia medicas, (both old and new) and with reference to the doses to be employed, lead to experiment and investigation, while the proper management of our societies places us before the world in a respectable and enviable position. Now, all these could be managed without any hostile feelings. We must be prepared to defend ourselves in good faith to promulgate our ideas and our convictions with firmness, and at the same time not allow ourselves to be led away from the work in hand by personalities. The chief causes of strife appear to be—first, an absolute ignoring of the 11th commandment. If *we attend to our own business*, and allow others the same privilege, a great reformation may be expected. If Dr. A. has a case of disease that is treated with the 2000th potency, there is no reason why Dr. B should complain that lower attenuations were not given, and *vice versa*. If Dr. C. uses the new medicines and applies a poultice, why should Dr. D. say a word, even if he would not have managed the case in the same manner? and so on, *ad infinitum*. The second cause of trouble often arises from "tattling." If there is a mean spirit on earth, it is that which leads an assemblage of medical men to tattle and gossip over the words or actions of their fellows in the profession. To run here and there and repeat this or that; to mouth about from one to another what has been heard, or said, or done; to sit in conclave and judge and *prejudge* our fellow-men, is, before God, most base, and at the same time, most demoralizing. The "*tea kettles*," where the women assemble to drink a decoction of the fragrant herb and criticise the fashions and works of society at large—to measure the size of a

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chignon, or discuss the proper position of a bonnet—is nothing in comparison to that spirit which leads men of a high and noble calling to so far forget themselves as to tattle, and, as generally happens, to *exaggerate* the actions of their brethren in the profession. The "three black crows" is a trite old story, and needs no repetition.

A third cause of trouble is lack of forbearance. No man, or woman, or child is perfect on this earth; every one has faults, and every one commits errors and misdemeanors; there is no need of repeating this truism. We have all heard it from our youth up. Therefore, with a knowledge of such facts if we *forbear* for a time and think well over our actions, many harsh words would remain unspoken, many unkind feelings be prevented, many friendships be formed, and much lasting good be done to the profession. Therefore,

Resolved, Mr. President, that at the earliest possible day a convention be called of all the colleges; of all the high and low potency men; of all the editors of all the journals; of all the authors of all the works; and all the proprietors of all the pharmacies, to take into consideration the propriety of forming a National Peace Convention, the motto of which should be, "Live and let live."

Foreign Editorial Notes.

Homœopathic Hospital in Bengal.—At a very large meeting of friends, and also opponents, of Homœopathy in the city of *Konnugur*, a subscription was started for the purpose of raising funds to establish a hospital where homœopathic treatment alone should be the rule. Babao Rajendro Dutt, a very influential native, and an enthusiastic supporter of our school, who has devoted much time and money to the spread of homœopathy, addressed the meeting, and discussed the principles of homœopathy, etc. At the close of the meeting the subscription list was opened, and 17,500 francs were at once signed. Some gentlemen pledged themselves to the amount of 750 *francs per month for two years.* The hospital is a fixed fact now, and the more so, since one of the participators of the meeting offered one of his houses for hospital purposes. 'Tis a misfortune that we cannot have a few hundred of the Bengalese in this country to offer us buildings and money for hospital purposes. Would it not be a good plan to send a commission composed of homœopathic

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physicians to the tiger country and solicit aid for the advancement of colleges and hospitals in this boasting and civilized and money-loving land? Who will enter upon this begging tour? Send in your names and proposals.

A FRANK AVOWAL.—The editor of the *Deutschen Klinik*, Dr. A. Gashen, of Berlin, closes his critic upon Dr. Hausmann's late work as follows: "I must acknowledge that I am neither by study, or practice, nor from principle a homœopath; but should Providence inflict cholera upon me, and I was not able to prescribe for myself, *I would prefer to be treated by a homœopath* rather than an allopathic colleague." We fear Dr. Gashen could not exist many months in Prussia as an editor of an allopathic medical journal; he soon would be expelled from the medical societies and voted out of position if he should utter such heresy.

UNIVERSITY OF PESTH.—The City Council of Pesth, Hungary, have, upon applications from the citizens of the city and vicinity, passed a resolution to present a testimonial to the Reichstag for establishing a chair of Homœopathy at the University of that city, and also for the opening of a homœopathic Clinic. The recently inaugurated reforms in Austria, and the liberal policy pursued towards homœopathy in the Empire for the past years, gives us strong ground to hope that homœopathy will soon be taught at the the old renowned university, Pesth.

ANOTHER RECOGNITION.—Dr. Veweyin Haag (Holland) an eminent homœopath, has been appointed as one of the Sanitary Counselors of the city. Dr. V. also succeeded in having the principles of homœopathy brought before the profession in medical (allopathic) journals of the provinces.

RICORD CONSULTS WITH A HOMŒOPATHIC PHYSICIAN.—French papers contain an item—as if of great importance—that Ricord had concluded to meet in consultation a homœopathic physician in the case of the deceased Count Cally. Where is the Academy of Medicine of New York?

ANNIVERSARY CELEBRATION.—On the 3d of January last, the homœopathic physicians of Stettin, Prussia, celebrated with great solemnity the 25th anniversary of the Doctor-Jubilee of Dr. Cohn. Dr. Mossa composed a poem in Latin, which was sung to the melody of Gaudeamus, &c.

DISCUSSION ON DIPHTHERIA.—At the last meeting—held in August last—of the German homœopathic physicians, it was resolved that the subject for discussion at the next meeting shall be Diphtheria. In anticipation of this event, our German colleagues are making already preparations; the two journals are filled with theoretical and practical papers, many of the writers giving a resume of their many years practice and

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experience. Some very interesting clinical cases are reported, and our opinion is, that when all the facts and experiences are gathered relating to this disease, a vast amount of practical information will be presented to the Central Union in August next. J.

Correspondence.

FOREIGN.

LETTER FROM DR. SCRIVEN, OF DUBLIN, IRELAND.

INFLUENZA, APHONIA—CURE OF FISTULA BY INTERNAL MEDICATION.

33 Saint Stephen's Green, Dublin,
May 31, 1869.

My dear Dr. Helmuth: I am quite ashamed that your kind and most acceptable letter should have remained so long unacknowledged. In the ordinary routine of practice, excepting during the prevalence of an epidemic, one meets but few cases sufficiently typical to entitle them to be recorded in any journal. Our city, notwithstanding the prevalence of very cold north-east wind and rain, has, during this spring, been very healthy. We have had a good many cases of influenza, characterized by loss of voice, rough, hard cough, not much fever, but a considerable stomach derangement, ending with a very troublesome and most pertinacious cough. Phytolacca, Kali Bichrom., Causticum and Sulphur are the remedies I found most useful. In March and April we had an unusual number of cases of typhoid fever, which, under the ordinary treatment, was very fatal, but none died under homœopathic treatment. Since commencing to write, a patient from the country has called on me, whose case is not without interest, though I regret that, as far as concerns the treatment of it, it is not as instructive as it might have been. On the 28th of last November this gentleman, aged about 45, came to me complaining of sore-

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ness and oozing near the anus. On examination, I discovered a small tortuous aperture, the size of a grain of No. 2 shot, to the left of and close to a line running from the anus to the coccyx. Through this aperture I introduced a probe, which passed up parallel to the rectum for about an inch and a half. The probe did not, as far as I could ascertain, enter the rectum, though it approached it very closely. He fancied that wind passed through it, but no fæces. I was informed that two months before, while riding a restive horse, he got a blow which gave rise to an abscess which had discharged of itself without any assistance. He did not seem out of health, though somewhat below par. I prescribed an unstimulating diet, quiet, cleanliness, and tepid hip baths. Pœonia officin, 3d, night and morning, and the use of a lotion of Pœonia O, twenty drops to four ounces of water, to be applied with lint, and, if possible, injected into the fistula. I told him that I thought an operation would be necessary, but would first try what we could to avoid so unpleasant an alternative. On the 3d of December I saw him again, and, as he was not worse, continued the Pœonia. He had not succeeded in injecting the lotion. On the 19th, as matters remained in *statu quo*, I ordered silicea, 3d, night and morning. On 25th of January of this year, he presented himself. There was less running, and the probe only passed in about half an inch. Silicea, 3d, 12th, 30th—a powder of each to be dissolved in 12 spoonfuls of water; a spoonful night and morning; four days to elapse without medicine after each powder. I saw him on the 2d and 7th of April. As he continued to improve, the same prescription was repeated. To-day, on examining, I found the aperture completely closed, and merely some slight hardness remaining. While questioning him I learned that he was still using the pœonia lotion, which I intended should have been laid aside when he began to take silicea. This fact renders the history of the case unsatisfactory, as it is difficult to determine how much of our success is due to pœonia and how much to silicea. I must say I attribute most to the latter. To the patient, however, who has escaped a painful operation, the result is highly satisfactory.

The week before last I had the pleasure of a visit from your

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esteemed colleague, Dr. McMannus, of Baltimore, and regret not having known earlier that he was in Ireland.

Many thanks for your letter and the WESTERN HOMŒOPATHIC OBSERVER. Faithfully yours,

W. B. B. SCRIVEN.

LETTER FROM VIENNA.

June 3, 1869.

Dear Doctor: A case of "chorea-laryngea" has been treated here for four weeks, the results are the reverse of those desired. The larynx is perfectly normal. The laryngoscope can detect no pathological changes. The patient is seized with paroxysms of barking. This bark so much resembles the bark of a dog as to deceive any one not knowing the particulars. Formerly three different sounds were given at each paroxysm, these latter and their number are now increased, and the former periodicity is altogether lost. Quinine and "*Elektra-Therapie*" produce no results, the latter, on the contrary, appearing to induce and prolong the length of an attack.

I am on very good terms with the 1st assistant of Rokitansky, and receive all the benefit that can be derived from such an acquaintance.

I was pained to hear of the death of the Rev. Mr. Nollau.

Very truly your friend, A. E. RIESS.

DOMESTIC.

Editor of the Western Observer:

GRAYVILLE, ILLINOIS, May 25, 1869.

I write you a somewhat interesting case that came under my care in November last:

October 26; Mr. J. H., nervo bilious temperament; married.

About one year ago he was affected with a burning and itching on the prepuce, and soon after discovered that a great many

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transparent vesicles had made their appearance in clusters upon the foreskin and half dozen or more upon the glans penis. In a short time the fluid contained in them became turbid and milky and finally they presented the appearance of pustules. The vesicles which were seated on the inner surface of the prepuce, discharged, for the most part, on the fourth or fifth day, leaving slight sores. When he applied to me the symptoms were about as above described. The vesicles were seated upon a spot of darker redness than the surrounding skin and were somewhat elevated above the surface, presenting an excoriated appearance and secreting an ichorous fluid.

The patient had been under allopathic treatment for ten months without receiving any benefit. They had informed him the sores were syphilitic and the poor fellow was almost crazed, as he lived twelve miles in the country and said he had never even had an opportunity to contract the disorder. I diagnosed *herpes preputialis* and decided upon *hepar sulph* and *sepia* as the most appropriate medicines. Five pellets hepar sulp. 6th. were taken in the evening, and five pellets Sepia 30th in the morning for two weeks, with diet as usual in such cases. At the end of the fortnight he reported himself cured, and there has been no return as yet (now seven months) of the affection.

I mention this case to show the superiority of our medicines over those of the old school, this being one of many cases I might adduce in proof of the assertion.

Respectfully yours,

J. B. McSWANE.

General News.

G. H. Morrill. M. D., St. Louis, Editor.

The *Monthly Homœopathic Independent* closed its short career last month.

St. Louis has produced the largest living baby on record. It weighed at birth 19 pounds. As this seems almost too much to believe, we will state that we received our information directly from the father of the child.

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The sleeping man at the Bicatre Hospital, Paris, who has not waked for seven months aroused the other day, partook of some refreshments, and then died.

From one of the Liverpool journals we clip the following: The girl, Addison, who has been lying in a state of unconsciousness and without food since October last, has at length regained consciousness and commenced eating and talking. Her body was reduced to a skeleton, and it seemed impossible that she could recover. But under a fitting dietary, she seems to be daily improving, and hopes are entertained that she may ultimately recover. She has been twenty-five weeks without taking one particle of solid food, and sixteen weeks without even her lips having been moistened.

SIGN OF DEATH.—The D'Omche prize has already found a claimant in the person M. Carriere. He says that for the past forty years he has followed a plan which he considers infallible. Its simplicity none can doubt. If you hold your hand, having the fingers pressed against each other four or five centimetres from a lighted candle, it appears transparent and of a rose color, capillary action being in full activity. Place the hand of a dead person in the same position and the appearance is changed, the circulation being absent, the hand is like one of stone.

Eight young women of Russian and English birth are pursuing the study of medicine in the medical school at Zurich.

GELSEMINUM.—The tincture of gelseminum in five drop doses every half hour is an excellent remedy in uterine hemorrhage and is of special value in cases of threatened abortion.

CHRONIC DIARRHŒA.—Ferrum Aceticum is of the greatest value in this complaint. It should be given in the first trit ½ grain doses every three hours.

Our allopathic brethren are at present busily engaged in publishing long articles on the benefit to be derived from the use of digitalis in diseases of the heart. The articles are about as original as those on the use of aconite in rheumatism.

M. Galopin, of Paris, reports a case of a young woman who gave birth to five male children at a time. The children were all well formed and lived long enough to be baptized.—*Medical Buletin.*

A new medical school to be called the College of Physicians and Surgeons will be opened in St. Louis the coming season. They will occupy the building formerly used by the Missouri Homœopathic Medical College

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In cases of poisoning by rhus radicans Dr. Thompson says that soaking the part with hot water and rubbing on fine salt will immediately relieve the intolerable itching.

SUNSTROKE.—When a person is stricken down he should be at once removed to a shady spot; stripped and drenched with cold water over the head and neck and chest. By this means a powerful impression is made upon the cutaneous nerves, the effect of which is to set suspended respiration in motion, first by gasps, then in a regular manner. If the heat of the skin be high the douches should be repeated. When sensibility is restored the patient should be made to drink freely of ice water.

G. W. McLEON.

The Mercer la Despatch gives an account of a colored man who by some inward muscular power was able to change the position of his heart at will. He caused it to move first to the left side of the chest, then downward on the same side to below the waist, then across the abdomen to the right side; then upward to its natural position. During its journey the heart kept up its action as regularly as if in its natural position.

THE AMERICAN MEDICAL ASSOCIATION, ALLOPATHY.—At their late meeting in New Orleans passed the following resolution: *Resolved*, That hereafter no medical school in this country other than those fully endowed be entitled to representation in this association if the amount charged by such school for a single course of lectures be less than one hundred and forty dollars.

Resolved, That all schools charging less than this sum are earnestly requested to advance their rate of fees to the amount mentioned.

If our own schools would adopt a similar resolution it would do much towards elevating the standard of medical education. It is the quality and not the number of our practitioners which give a standard to the art of medicine.

SCARLATINA.—The heat and burning of the skin which accompanies this affection, is much relieved by a warm bath or by rubbing the surface with olive oil.

THE PRESERVATION OF VACCINE VIRUS.—Envelop the scab in a fold of paper and tin-foil and place it in a piece of beeswax, melting the edges of the wax as they come in contact around the scab, thus effectually excluding it from the action of the atmosphere. In this manner the scab may be kept perfectly fresh for any length of time and in any climate.

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GOITRE.—This disease, which is prevalent in some parts of the country, will generally yield to the iodide of mercury. 1st, trit given in doses of one grain every night and morning. In very obstinate cases it is advisable at the same time to use an outward application composed of the following: Iodide of mer., one scruple, and lard one and a half ounce.

DRUG LAW IN NEW YORK.—The New York legislature has passed a law which if well carried out will serve in a great measure to protect the public against ignorant apothecaries' clerks. It provides, among other things, that no person shall prepare a prescription unless he has served two years' apprenticeship in a drug store or is a graduate of a medical college or college of pharmacy, except under the direct supervision of some person possessing one of these qualifications. We trust such a law will soon be in operation in our own State.

RECEIVED.—Journal of Homœopathic Materia Medica, April and June; Hahnemannian Monthly, May and June; Homœopathic Review, May and June; Homœopathic World, June; American Homœopathic Observer, May and June; North American Journal, May; Philadelphia Journal of Medicine and Surgery, June; Medical Investigator, June; Medical News and Library, May and June; St. Louis Medical and Surgical Journal, May; Ohio Medical and Surgical Reporter, May; Catalogue of Monmouth College; Announcement of Hahnemann Medical College, Announcement of St. Louis Medical College; Announcement of Philadelphia University of Medicine and Surgery; Cincinnati Gazette, June 12.

Mrs. Eliza Osgood, who died recently in Philadelphia, weighed at the time of her death, nearly six hundred pounds.

J. P. Dake, M. D., our well known confrere has removed to Nashville, Tennessee, No 21, N. Vine Street.

HOMŒOPATHIC DISPENSARY.—The following is the report of J. A. Cloud, Resident Surgeon of the Homœopathic Dispensary, 308 Race street, for the quarter ending May 31:

Classes of diseases and number of patients treated: Fevers, 4; fevers, eruptive, 9; diseases of the organs connected with the digestive system, 66; respiratory system, 99; circulatory system, 8; brain and nervous system, 26; urinary and genital organs, and venereal affections, 88; serous exhalent vessels, 3; fibrous and muscular structure, 26; abscesses and ulcers, 6; wounds and injuries, 17; eye, 10; ear, 4; skin, 14; all other diseases not included under the above heads, 21; total number of patients

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treated, 401; visits made, 281; prescriptions made, 1,037; surgical cases treated, 11; medical cases treated, 390; obstetrical cases attended, 3; vaccinations performed, 9; deaths, 2.

REPORT FOR MAY.

Number of cases remaining from last month	55
Number of cases received during the month	68
Number of cases recovered during the month	72
Number of cases sent to hospital	1
Number of cases died	2
Number of cases remaining	46
Number of obstetrical cases attended	2
Number of office patients	97
Number of outdoor patients	26
Number of visits made	89
Number of prescriptions made	276
Number of medical cases attended	120
Number of surgical cases treated	3

MARRIED.—On Wednesday evening, June 2d, at the residence of the bride's father, by Rev. Edward Cooper, Dr. G. H. T. Johnson and Miss Tudie G. Bowman, all of Atchison.

THE "OCCIDENTAL."—This is the name of a new monthly periodical issued in St. Louis. The editors are Drs. Walker and Comstock, and its aim is the dissemination of popular Homœopathy, while, at the same time, it proposes to interest itself for the profession at large. It presents an excellent appearance, and is published by John V. Hogan, Esq., the energetic and well known manager of the Homœopathic Mutual Life Insurance Company. Long life to "*The Occidental.*"

SICKNESS IN ST. LOUIS.—The bills of mortality for the past three weeks show an increase in the number of deaths. For the week ending 16th of July there was 215 deaths, of which 166 were children under five years of age, 55 being from *cholera infantum*, and 31 from *diarrhœa*. For the previous week the total mortality was 207, and of these there were 135 children under five years of age. Bowel and brain diseases appear, as usual at this season, to be on the increase.

BELL ON DIARRHŒA AND DYSENTERY.—We had expected to offer a review of this valuable little work in this number of the OBSERVER, but were disappointed; we hope to give it a good notice in our next.

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THE

Western Homœopathic Observer.

SEPTEMBER, 1869.

Original Articles.

MATERIA MEDICA.

NOTATION OF POTENCIES.

BY O. E. GOODRICH, M. D.

Editor of the "Western Homœopathic Observer:"

Since the publication of my former letter on this subject in OBSERVER for Sept. 1869, I have revised the system therein set forth, though not correctly, owing to typographical errors, and therefore I beg leave to present anew the following

SYSTEM OF NOTATION OF POTENCIES:

1st. Designate the *potency* itself, by small figures placed to the right of, and a little above the name of the remedy. Ex. Nux-v. 12, denotes the *twelfth potency*, etc.

2nd. Designate the *decimal scale* by the small capital letter X, and the *centesimal scale* by the small capital letter C, placed to the right of, and a little above the number of the potency, Ex Nux-v. 12 X. and Nux-v. 12 C, denote, respectively, the 12th *decimal* and *centesimal* potencies, etc.

3d. Designate *mother tinctures* by a *cipher*, and *all* potencies *above* the 30th, by *Roman numerals*. Ex. Nux-v. 0, denotes the

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mother tincture of Nux-v., and Nux-v. MM. C, denotes the 2000th centesimal potency, etc.

4th. Designate *dilutions, triturations, saturations* and *pellets* by their initial letters. Ex. Nux-v. 3xt, and Nux-v. 1cs, denote, respectively, the 3d decimal *trituration*, and the 1st centesimal saturation.

Allegan, Mich., July, 1869.

NEW TREATMENT FOR CROUP AND DIPHTHERIA.

Abcile denounces the use of Mercury in the treatment of Diphtheria, and cites Trousseau, who had been so much in favor of the Calomel treatment, but having observed that the injudicious application of the same, caused more injury than good in Diphtheria, has entirely discarded the use of it. A. says, the only rational(?) and certain(?) therapia in Diphtheria is the application of moist Cinnabar vapors. The author has, in some cases, continued the same for five or six days, without any bad results. The inhalations must be used, immediately at the beginning of the disease, and be continued until the patient is cured entirely—radically. The smaller the sick room, the better for the inhalation. His apparatus is very simple, and consists of a broad earthen dish, in the shape of a plate, and a spirit lamp. This apparatus is placed near the bed of the patient, the dish is filled with water, which is brought quietly to boiling, and then a small portion of the flowers of Mallow and Poppy and two grammes of Cinnabar are put into the boiling water. The apparatus must be kept in activity day and night; every four hours two grammes of Cinnabar must be added, and if necessary the water and flowers must be renewed. This treatment has to be supported by a nutritious diet and wine diluted with water. Healm adds, that an emetic two or three times a day(???) horrible! if the patient can stand it—should be given, as the mechanical effects of the same are

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entirely favorable, assisting in the expectoration of the exudadation.

NOTE.—And this treatment is called, by this French gentleman, "rational and certain." The inhalations, we have no doubt, would produce good effects in some cases, but an emetic two or three times in twenty-four hours for from two to five days, don't look nor sound very much like rational treatment. How much better is his vomiting treatment than the Calomel plan, or the not quite yet defunct method of cauterization?

We find in the *Tribune Med.* 31 Jan. '69, and the *Mauchblatt*, April '69, the following interesting case:

Mrs. W., a very nervous woman, became pregnant a few months after marriage. She experienced, during the first few weeks of her pregnancy, the usual symptoms of disturbed digestion, and besides this, she was troubled with an intolerable itching of the entire body. The skin had a healthy appearance, and yet the violent pruritus caused an unusual excitement, and real nervous spasms. For several weeks, numerous remedies were employed, internal and external, without any benefit, for instance: Externally, camphor vapor, narcotic baths, salt baths, laudanum, borax, etc. The pruritus continued still. Slight relief followed in the seventh month, after baths of hot decoctions. The sleeplessness and pruritus, however, did not abate. Now a very severe pyrosis and neuralgia in the teeth set in. The husband of the patient, a great smoker, advised her to smoke a cigar to get relief from the neuralgia. *This simple remedy, caused almost instantly the disappearance of neuralgia*, pyrosis and the pruritus, which had troubled her for five months. The lady smoked every evening a cigar, and slept well, etc. In consequence of a fright, the patient was confined in her eight and one-half months. Fourteen months later, Mrs. W. became again pregnant, and the pruritus made its appearance again, not quite so violent as at the first attack, and no trace of any eruption whatever upon the surface. The lady being rather adverse to smoking, hesitated for some time, to have recourse to the remedy which was so effectual on a former occasion. But meanwhile the pyrosis set in, and the patient

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then took the cigar. *Instantly pyrosis and pruritus vanished.* Without any ascertained cause, Mrs. W. had also this time a premature birth, at seven and one-half months. The sedative action of tobacco decoction in itching skin affections are well known, *but it is new*, that simply tobacco smoking should produce such rapid and astonishing effects. This remedy caused *directly*, the disappearance of the pyrosis, the neuralgia and pruritus, and that it acted only through the nervous system in this case, is apparent. Was the good action of the tobacco without compensation? (What effect did it have, in producing the two premature births?) J.

CHOREA TARANTEL.—February 1864, a boy, aged nine years, suffered for a year past from symptoms of Chorea, which were manifested in all parts of the body, but particularly in the face, right arm, and left leg. The poor boy was always in motion, he made thousands of gesticulations and movements, and walked so fast that he had to be held to prevent him from falling. He could run much better than walk, and fell only when he attempted to stand still. The speech was also affected. It was difficult to understand him. At night, in bed, he felt the best, the convulsions then ceased. The child had, up to this time, taken the different preparations of Valeriana, China and Anthelmintica, etc., but without effect.

The patient took now, Bell., Cina, Sulph., and other remedies, according to indications, but no permanent improvement was perceptible.

Tarantel 12, (six globs. in eight spoonsful water), three times daily, was now given and continued for eight days. After this remedy the great restlessness and the convulsive movement of the muscles disappeared, the speech alone was somewhat affected, etc.

Tarantel 200 was given, a dose daily for three days, then five days' pause, and so on for two weeks. At this time, every convulsive movement disappeared. Arms and legs were weak, as

from paralysis, not painful, which caused the child to limp, and disabled it from holding anything in the right hand. China and Rhus removed this difficulty completely in a short time.—*Et. Criterio Medica, vol.* VI. *p.* 285.

TWO OBSERVATIONS ON PNEUMONIA.

CASE I.—Pneumonia of the right side. Jan. 15, 1865. By Dr. B. Püeg, of Olette (Pyrenees, Orientales), patient, the Abbe Fr****; thirty-four years old; thin; good constitution, nervous temperament. Symptoms—sharp pain in right side, preventing breathing; face red, gloomy; violent pain in head; eyes blood-shot; great thirst; tongue dry; cough frequent; expectorations bright red; pulse 140; skin moist, but acrid and hot; percussion gave a heavy sound in the lower part of the right side; auscultation discovered a dry and constant wheezing; nothing on left side; he begged to be bled, but I refused.

Prescription: Aconite, 12th, 8 globules, one every 2 hours in a little water; and for drinking, water of the temperature of the room.

Jan. 16.—Patient in despair; suffered more than ever, notwithstanding an application of twenty leeches some one had advised a few minutes after my departure; same officious friend declaring that my remedy was absolutely nothing. Much blood lost; breathing no easier; pulse 140. At my entreaties, the Abbe decided to follow my advice. Same prescription as the day before.

Jan. 17.—Sensible improvement; patient more easy; in good heart; face less red; pain in side diminished; pulse 96; tongue more moist; skin less acrid and hot; expectoration thick, color of the juice of prunes, with some streaks of blood; slept some during night; perspiration all over his body. Prescription—Bryonia, 12th, 8 globules, one every two hours in a little water; chicken broth.

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Jan. 18.—Rapid improvement. Only a little pain in side when taking a deep breath, and when cough returns. Expectoration white, thick, raised without difficulty; pulse 80; tongue moist, no thirst; percussion gives a normal sound; wheezing noise, moist and slight; perspiration abundant and natural; tone of mind normal. Prescribed no medicine; thin broth; water for drinking the same temperature of the room.

Jan. 19.—Patient slept well; hungry; cough gone; a little pain in left side when breathing hard; pulse 67. Prescription—Sulphur, 30th; three globules during the day; chicken broth and water.

After three days revisited the Abbe. Found him a little weak, but in a natural condition; chest entirely free. Sulphur had made the pain in the side totally disappear. The result had exceeded my hopes, and I bless the science which which permits me to save my patients without torturing them.

Case II.—Pneumonia of the left side. Typhoid symptoms. Patient, man, 45 years old, feeble and almost bloodless in consequence of an inflammation of the stomach he had had for more than a year, with profuse and frequent bloody evacuations; violent pain in left side, which was irritated by a constant dry cough; expectoration streaked with blood, and thrown up with difficulty; pulse 135, low, feeble; face pale, emaciated and anxious; skin warm and dry; tongue dry and red, especially towards the lip. Percussion made a deep sound in the lower three-quarters of the left side, and auscultation showed a dry and constant wheezing noise; great oppression. Prescription—Aconite, 12th, 8 globules, one every two hours in a little water; chicken broth, to drink water temperature of the room.

Two days after I was sent for again. There had been a slight improvement, and then the symptoms had returned with a new intensity. Found him in a state of extraordinary prostration; skin nearly cold; pulse 96, light, feeble; mind weak; tongue black and cracked; teeth and lips covered with a blackish layer of a bad nature; nostrils dilated; face much altered; patient talked to himself, and gave his thoughts to his present and future state; constant cough; expectoration of the color of

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juice of prunes, streaked with blood. I was not able to auscult or percuss the sick man, for while trying to turn himself for me to examine his chest, fainted. Aside from pneumonia, which evidently still existed, there were all the alarming symptoms of a grave typhoid affection, and I feared speedy death. After mature reflection, I prescribed Bryonia, 18th, 8 globules, one every two hours in a little water, thick broth, wine and water for drinking.

I expected a fatal termination, and told his parents so, but two days after, I received a letter stating that "the little pearls had produced a miracle"—that he was entirely free from cough and pain, and as well as possible. Tongue, lips and teeth had regained their natural color; face cheerful; pulse, though feeble, regular; sleeps well; has an appetite. Ten days after, I found him sitting in his door enjoying the sunlight, entirely well.

Dr. B. Püeg—*Bibliothèque Homœopathique.*

April, 1869. S.

SNAKE INFALLIBLE.

"*Rattle Snake Master,*" or "*Snake Weed,*" are names promiscuously used, denoting one and the same plant very highly spoken of in a neighborhood ten miles north of this, as an infallible remedy in poisoning from snake bite. I came to this knowledge quite accidentally, or rather providentially, and the very circumstance leading my friend to make mention of the *Snake Weed* in creating the interest of this communication I will introduce here, at the risk of straying for a while beyond purely medical bounds.

Brought up a regular Allopath in the University of Pest Buda, Vienna and Padua, from which latter is my diploma (1836), I became a Homœopath by the astounding beneficial results of emetics I obtained during a protracted practice in a cholera hospital. Since 1840 I added to my medical toils for the relief of the body, the volunteer labor of a preacher for the relief of the moral woes of our race. I am thus so to say, a

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doctor for body and soul, as the early apostles were ordained, and as every doctor (especially Homœopaths) and every clergyman (except Sectarians) ought to be. Religious life in the whole county of Linn, and particularly so in the Old School Presbyterian connection, (among whose ministry I am enrolled), being so prostrate and extremely feeble as to constitute it a clear arsenic case—were it a physical and not a spiritual complaint. I make a missionary effort just among the feeblest churches of our denomination, near total extinction, to throw in a Homœopathic dose of strong remedial Gospel truth, and have often had the pleasure of producing a renewed flickering of life, till gradually it lit up in a bright, steady little flame. I was just on my return voyage from a similar Sabbath visit to a small soul hospital, accompanied by my friend, an elder in the church, and also a physician, (but, unfortunately, of the old style in therapeutics, as well as in attachment to old soulless Presbyterian formalities,) and while discoursing on the possible relation between sin and sickness, and the apparent efficacy of Christian faith on both as an antidote to the poison of sin affecting human life from its highest order to its lowest manifestations, my friend, of a more practical than metaphysical turn of mind, at one swoop dispelled all the subtleties of our former conversation by exclaiming, "Ah, see here, Doctor, this little herb, how amazing its power against poison! humble, you would think, despised and trodden under like the Saviour himself, but full of healing and salvation to those who know it!" The herb, however, on our coming near, proved not to be that which my friend supposed. But Dr. A., (this is my friend's initial), promised, on his return home, to hunt up for me the identical "Snake Weed," so extensively and advantageously known, and spontaneously growing in his neighborhood*. And, as good as his word, he sent me, after a few days, a bunch of leaves accompanied by the following remarks:

*NOTE.—I warmly solicited the gift, declaring it might be a great boon to Homœopathy in particular, boasting altogether of specifics in every complaint, and Dr. A. firmly promised not to forget.

"I herewith send you some of the 'Snake-bite Weed. I am not much of a botanist and have not attempted to classify it.

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One thing I do know about it, that it is an excellent antidote against poison, particularly the bite of snakes. Three of our family have been bitten and used it. The effect was prompt and satisfactory. The pain, which was most excrutiating, was entirely relieved in course of half an hour. The way in which we prepared it was, to boil a small handful of the leaves in a pint of sweet milk and drink plentifully of the milk and apply a poultice of the leaves boiled as above to the wound."

Being thus set on the track, I inquired around among neighbors and acquaintances, each contributing to the good report and praise of the plant, only varying as to its name, some styling it, "*Rattle Snake Master*," "Snake Infallible," "Snake-bite Weed," but all agreing as to its anti-poisonous virtue. Of course I was anxious to secure blossoms and seed vessels, if possible, but hitherto failed. Mr. Jenkins. a shrewd New Yorker, the one who baptized it "Rattle Snake master," cleverly argued that a good reason for the early floresence and dying off of the plant, and the consequent improbability of my discovering it at this season in flower, was, that being master of the rattle snakes, it comes with them and leaves with them. The snakes appear in May and leave with July, and so does their master. But I am not quite so sure of the periodicity of the rattle snake. I, while in Illinois, had three cases of snake bite under medical treatment, all of them happening in September and October, and yielding to applications of Iodine externally (after a good cross incision and free bleeding) and frequent Allopathic doses internally. I have been accustomed to this treatment, the latter part of it learnt in Japan. Snake-bites in Loo Choo, our permanent residence while in Japan, were very frequent. The natives, without consulting any physician, lay tobacco on the wound, tie a string around the wounded limb, then take to *saki* drinking, saki being a strong distillation from rice. Rarely did any bite prove fatal. Only in one of my cases, where the local affection assumed a malignant character, resulting in toxæmia, and consequent nervous prostration, I had to have recourse to Lachesis.

Mr. Editor, I promise you to continue my inquiries and re-

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searches concerning the "Rattle Snake Master." Mr. Luyties reports in the name of a "first rate botanist," (I had sent him a leaf as a specimen of the plant), that it belongs to the class of *Pedicularis canadensis* commonly known by the name of *Louse Root.* The sooner the fact becomes known through your widely read OBSERVER, the sooner the attention of fellow Homœopaths in the West, and in this State particularly, will be attracted and the matter widely and exhaustively investigated.

Yours respectfully,

B. J. BETTELHEIM, M. D.

Brookfield, Mo.

Obstetrics.

AN INTERESTING OBSTETRICAL CASE.

June 23d, 1869, visited Mrs. G. at 4 A. M. Is seven months advanced in her second pregnancy. Awoke at 3 A. M. with labor pains. Upon telling her that her enlargement of the abdomen was not sufficient for seven months, was informed that in her first pregnancy she presented the same appearance. Upon making a vaginal examination, found a bloody discharge and a soft mass engaging in the os. At 6 A. M. a placenta was expelled, of full size for seven months, the fœtal surface covered with hydatids. No fœtus being presented, upon questioning her obtained the following history: Menstruated last in middle of November. She had suffered with the ordinary rational symptoms of pregnancy, had never felt fœtal movements; in the latter part of February was suddenly taken with a severe gush of blood, which ceased upon her assuming a recumbent position, and never returned. Nothing passed except blood. From this time she had a nearly constant yellow discharge, without odor, worse at night, has occasionally passed what she considered pieces of flesh, never discharged pieces of bone.

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This discharge was painless, never felt any pains like those of labor until this morning. Has never, to her knowledge, passed the fœtus.

What became of the fœtus in this case? Three theories may account for its non appearance: 1st, Fœtus may have been extruded without her knowledge at the time she had the uterine hemorrhage; 2nd, fœtus may have decomposed and passed in fragments during the period of the yellow discharge; 3d, the fœtus may have perished soon after conception, placenta being adherent and hydatids formed. FORCEPS.

Surgery.

L. H. WILLARD, M. D., EDITOR.

[NOTE.—It gives us great pleasure to be able to lay before our readers an account of one of the most remarkable surgical operations upon record performed by our distinguished friend, Dr. Beebe, of Chicago. This exploit has already gone through the country, but never in detail and proper form. We know it will be read with interest and copied into other periodicals. We trust our Allopathic exchanges will state that Dr. Beebe is a Homœopathist and Professor of Surgery in the Hahnemann Medical College, Chicago.—ED.]

STRANGULATED UMBILICAL HERNIA, MORTIFICATION AND REMOVAL OF FIFTY-EIGHT INCHES OF INTESTINE, RECOVERY.

BY G. D. BEEBE, M. D., OF CHICAGO.

Editor of the "Western Homœopathic Observer."

I hasten to accept your friendly invitation to communicate the notes of an operation for hernia recently referred to in the public press, and as the pages of your valuable journal are always full of useful material, I will be brief.

July 10th I was called to see Mrs. J. B. Childs, of Lee Centre, Ill., who was temporarily in our city for a visit, and, while at the house of a friend, was taken with most violent pain in an

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umbilical hernia, from which she had suffered since the birth of a child, seven years previously. On reaching the patient's bedside I found a large tumor at the umbilicus, the thin integumental coverings of which were greatly discolored and were on the point of yielding to the pressure of a considerable quantity of fluid therein contained.

The patient had vomited for two or three days, and during the twelve hours preceding my visit the vomiting had been stercoraceous with frequent hiccough. The skin and pulse did not show any marked peritoneal inflammation, but there seemed no apology for further delay in ascertaining the condition of the hernial mass. A careful incision of the integuments liberated a quantity of dark bloody serum, and this escaping revealed a mass of gangrenous intestine. With a grooved director the hernial sack was freely laid open, when I was startled to find so much of the intestine involved and the entire mass not only black with discoloration, but at points yielding and emitting fœcal matter. The situation was novel and without precedent, but a moment's reflection satisfied me that the patient's chances for life lay in removing the devitalized tissue and persuing such further steps as would subject her to the least hazard possible under the circumstances. With the assistance of two or three of my medical colleagues whom I could hastily summon to my aid, I traced the gut to the hernial ring, and finding sound tissues there, divided it, and passing a strong suture secured the sound extremity to the margin of the incision. Then, with a pair of scissors, I cut the intestine away from the mesentery throughout its extent until sound intestine was found at the opposite side; here it was again divided and the sound extremity secured like the former.

The mesenteric vessels, which were very numerous as may be inferred, were closed by torsion and by ice until all hemorrhage had ceased. This was the most protracted part of the operation, but when accomplished the hernia knife was brought to bear on the ring, and this was freely enlarged. Making sure that the bleeding did not recur on the removal of the pressure maintained by the ring, the parts were now returned within the

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abdomen, leaving the two divided ends of intestine protruding from the abdomen and lying side by side, where they were secured to the integumental margin in such manner as to form an artificial anus. The day following the operation the pulse rose to a hundred and twenty and there was some disposition to singultus, but the cathartics, which had been freely administered by my predecessor in the case, were being poured out freely at the artificial anus, and in two days the irritation began to subside, and from that time the digestive functions became tolerably well established. An examination of the intestine removed proved it to be of the Jejunum and to measure four feet ten inches. As soon as I could feel some assurance of the patient surviving the first operation, I began to prepare for the second, viz: the cure of the artificial anus.

There were not wanting those in the profession who wisely shook their heads and thought this operation should have been deferred for several months to enable the patient to regain strength, etc., and influences were brought to bear upon the patient to that end, but the patient seemed willing to rest her case in my hands, and so soon as my instrument maker could prepare the instrument from drawings furnished him, I was ready to proceed.

A few day's delay was asked by the patient's husband on account of business, and then on July 31st a clamp was introduced, the blades of which were oval, three-fourths of an inch wide and one and a fourth inches long, and fenestrated leaving serrated jaws one eighth of an inch wide. One blade was passed into each end of intestine until fully within the abdomen. Great care was exercised that only the intervening walls of these intestines should be embraced by the clamp, and the blades were then approximated by a set screw in the handles until slight pain was occasioned. Instructions were given that if nausea and vomiting occurred the clamp should be loosened, otherwise it should be very gradually tightened during the next two days. On the third day the presumption being that adhesive inflammation had united the two intestines, firm pressure was applied by the clamp that the parts embraced might be

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caused to slough, and a free incision was made from one intestine to the other through the fenestral opening in the clamp. On the fourth day the clamp was gradually loosened and removed, and from that time the fœcal matter passed freely into the lower bowels and regular evacuations occurred by the rectum. A digital exploration revealed the smooth rounded edges of the opening made by the clamp, and it now only remained to close the integumental opening, which was done by deeply set quill sutures on the 8th day of August, and the patient departed for her home in the central part of the State, leaving my cabinet enriched by a pathological specimen which is as highly valued as it is rare. It is no less amazing than gratifying to witness the happy effects of homœopathic remedies in controlling the constitutional disturbances consequent upon grave surgical operations, and seldom have these been more happy in my hands than in the present case, where aconite and arsenicum played so important a part in controling peritonitis and enteritis. Truly yours,

G. D. Beebe.

CROUP, TRACHEOTOMY, DEATH.

BY ALFRED E. REISS, M. D., VIENNA, AUSTRIA.

I propose giving a brief outline of this case and close by bringing some of the symptoms to account in regard to their prognostic value.

Late in the night of the 24th of March, a boy of six summers, with good constitution, was brought into the children's hospital (Allopathic) of this place with croup.

The boy was restless, with his head thrown backward, and evidently in great fear; his hands were constantly busy at his throat, and his voice was weak, almost imperceptible—yet rough and hoarse. The cough was very characteristic. The respira-

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tion was difficult, with all the respiratory muscles in "hard labor." There were thirty respirations per minute, and the alæ nasi were in continuous motion. The epigastric region was deep and remained sunken during respiration. The face was puffy and cyanotic. The temperature was 40° R. with the exception of the extremities, and they were rather cold. Thirst was great, and swallowing caused decided pain. Upon further examination, the palato glossi and palato pharyngei as well as both tonsils were found inflamed; a croupous membrane was found upon the walls of the pharynx, extending down as far as the eye could see; a similar membrane was diagnosticated in the larynx, the symptoms present fully justifying such diagnosis.

The cough was excited to quite a paroxysm after every buccal examination, and then the veins of the forehead were much enlarged, while those of the neck presented the appearance of so many cords.

Now, as the diseased process was localized in the pharynx and larynx, with no sufficient reason for believing that the perverted action would extend downward, and finally into the finer bronchi; and, as the general integument was not yet asphyxiated, with a tolerably fair pulse present, and agony not yet in appearance; and, furthermore, as tracheotomy—on account of the severity of the symptoms—was considered the last resort; the operation was decided upon and the patient accordingly received the benefit of any doubts that might yet remain. After the operation, a double canula was introduced into the wound, and the air in the room was kept moist. The observation has been made in this hospital, that only those cases of croup recovered, (and they are not legion), that were treated with cold applications to the neck; accordingly, rubber bags, of finely pounded ice, were applied.

25th. On this day the pulse was very fast and weak. The temperature 38½° R., increasing toward evening. The cough was perceptibly beneficial, for with the tough phlegm, portions of the membrane came away The restlessness was somewhat less. The patient preferred sitting up in bed, his arms sup-

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porting his trunk, thereby giving his respiratory muscles easier play. This position the patient decidedly preferred toward evening. The patient passed a good night.

26th. This day the patient was somewhat worse. The quantity of phlegm and membranes in the process of expulsion grew less, and in the evening ceased altogether. In the night the temperature increased to 40½° R. The breathing now became very laborious, and finally a suffocative attack appeared with a violent paroxysm of cough, which brought forth a number of patches of membrane, after the expulsion of which, the patient was somewhat easier; but only momentarily. Under other circumstances, this phenomenon would have given sufficient cause to hope for the better. If we review the etiology of this appearance, we shall be lead to quite a different view than we would otherwise when ignorant of the pathological alteration. The high temperature preceded a new exudation. This exudation becoming fast consistent, mechanically raised that which was remaining from the first membrane. Now, the œdema of the mucous membrane, the re-formation of a new croup membrane, together with the remnants of the old, caused such a stenosis and irritation of the air passage, that—the boy being yet quite strong—a violent attack of cough befell the patient and expelled much that was yet left of the first membrane; its connection with the new one being less strong than that of the new one with the underlying mucous membrane.

27th. All symptoms worse this day. The wound was covered with a well formed croupous membrane. The neighborhood of the wound was œdematous and the borders were inflamed and angry looking; this latter fact was caused by the imperfect oxydation that had, by this time, been going on for some days, therefore preventing the constitution from progressing in its reparatory process. An attempt at expelling the new formation was made during the day; however this ceased toward evening. The diseased process was found extending downward rapidly, and an auscultation, late in the evening, proved it to have taken place to a dangerous extent, for it had attacked the

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finer bronchi. The temperature now increased to 41, and with it the restlessness kept pace. The cyanotic appearance became worse from hour to hour. Oxydation was now fast becoming too deficient to sustain life. Death occurred early next morning at two o'clock.

The post mortem confirmed the diagnosis. The membranes could be taken out of the common sized branches in the form of tubes. Some of the finer ones were completely "plugged." In cutting into the lung no collapse took place, for the process was going downwardly so rapidly that the air which then was in the lungs was cut off and imprisoned.

Some of the symptoms of this disease are useful aids in making a prognosis, others are not. Of the latter is the pulse. After an operation the pulse is always of such a nature as would, under other circumstances, give cause to fear for a good result. Experience proves this to be a fact. The pulse is therefore not to be relied upon as an auxilliary in making a diagnosis.

Otherwise, it is with the temperature, this is of great importance. When this increases to even 40 R., a new exudation can always be relied upon, and then it forms very rapidly. This fact shapes the therapeutics, and for this reason, quinine is given here.

The cough is favorable when moist and expulsion of the croup membrane takes place.

The change of voice is not so much the result of the new formation as of the great swelling of the mucous membrane of the vocal apparatus, which often takes place to a wonderful extent. A catarrhal inflammation can so alter the voice, and make it so simulate a croupous voice, and the cough produced by such an inflammation may be so very like a croupous cough, especially when this inflammation appears suddenly, as it often does—that it might(?) be excusable to diagnose croup when there is no croup at all. In this is to be found the wherefore, that so many cases of "genuine croup" have been cured so successfully and in such a short time.

Vienna, May 3d, 1869.

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LIPOMA.

BY S. H. WILLARD, M. D.

This affection, is an enlargement of the nose produced by excessive distention of the sebaceous follicles, and resembling in some respects, that hypertrophy of the cellular tissue, found in Elephantiasis. The growth being not ma ignant, neither accompanied by any pain. It is inconvenient, by its large size and the observation it attracts when the person is in public. It is not a common disease, but among all the cases I have seen, it occurs in those persons who either are, or have been addicted to the use of ardent spirits or snuff. An unsightly appearance as this creates, it may be accompanied with the reflection that generally, if operated on, it will grow larger, or some other misfortune will take the place of this affliction, and hence it is generally left alone, the wearer carrying the evidence of his former habits with him to the grave.

Excision will generally remove this unsightly growth, care being taken that the cartilages are not injured nor too much structure taken away. A recent case will illustrate it better:

Mr. A., aged sixty, occupation machinist, native Scotland, of a full plethoric habit. In former years led a very active life, and at the same time drank large quantities of strong liquors, at the same time took snuff. The nose began to grow large about twenty years ago, and has constantly increased in size. About five years ago a physician tried to remove the hypertrophied growth by means of ligature, but failed. He succeeded, however, in taking away part of the nasal cartilage on either side, thus making the deformity still greater.

The patient applied to me for the removal of the Lipoma, as it was very large and excited so much observation and comment as to embarrass the owner whenever he made his appearance in public. The nose was one inch and a half in a horizontal direction and so irregular other ways, that it is useless to describe it. I first made a plaster of Paris impression of the nose, and then, from this impression, made casts of putty; on these I operated,

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making the cuts, and paring off the superfluous structure until I could, with a great deal of accuracy, tell the amount necessary to be taken from the nose so as to resemble its original size. Having become familiar with this modelling process, with the assistance of Dr. J. S. Read and Mr. Dill, and without using any anesthetic, the operation was performed by cutting off the growth with a sharp knife. The structure was of a firm character and highly vascular, but the hemorrhage was controlled by compressing the nose above the growth. The sebaceous follicles were so large as to admit the point of my little finger, and filled with sebaceous matter. After pairing and cutting away the Lipoma untill the nose was as near the natural size as I could imagine, caustic was applied to stop the bleeding, and also to smooth the parts left rough by the knife. Patent lint, compressed on either side of the nostrils, retained in place by adhesive plaster, completed the dressings. Not much pain was felt after the operation. On the third day the dressings were removed and the nose has healed perfectly. At present it gives no sign of revived growth.

OPACITY OF THE LEFT CORNEA, RELIEVED BY OPERATING.

BY DR. C. BAELZ.

A young man twenty-four years old presented himself for relief from total blindness of left eye. He had been under treatment for four months with three different specialists for eye disease, each of whom pronounced the eye lost. Patient was a laboring man in a rolling mill. A piece of iron struck him on the supercilliary region causing a flesh wound at the time and blindness of the left eye.

On examination I found the ball of the eye full, sclerotic and conjunctiva free from inflammation. Cornea opaque, of a dirty brownish color, impenetrable to light; thinks he can distinguish

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gas or strong sunlight. He has no pain. After considerable manipulations without coming to any satisfactory conclusion, I moved his head slowly down upon his right shoulder and up again, observing at the same time the cornea closely with a convex glass. I then found that about a line of the upper corneal margin was clear, and below that there existed the opacity which latterly moved in the clear aqueous humor seeking always its own level with the movement of the head. This decided the diagnosis an effusion of blood into the anterior chamber mingling with the aqueous humor diluting and probably decomposing the blood which made the cornea impervious to light. Since the absorption of the blood began, which caused the clearness of the aqueous humor on the upper corneal margin he had more perception of light. This would, in course of time, have cleared the whole cornea.

Here was a good opportunity for performing a wonderful transformation with a small operation. A puncture into the lower corneal margin discharged at once all the impure aqueous humor and restored the stimulus to the retina again, which had been lost for some time.

FRACTURES OF THE SKULL.

BY WM. TOD HELMUTH, M. D.

These cases are recorded to show to what extent the system can be injured and yet recover:

CASE I.—James McA., a slater by trade, while performing his avocation on the roof of a three story brick house, lost his balance and was precipitated head foremost into the street below. He struck upon a pile of paving stones with the right side of his head and lay for a time insensible. I was in the neighborhood at the time and was called to the accident. I found him bleeding most profusely from an extensive head wound, which beginning at the temporal ridge, extended downward and forward

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to the right eye, thence across the eye lid to the internal canthus. The upper part of the eye ball with the insertion of the trochlear muscle were distinctly visible. The flesh was rolled up and the wound filled with dirt. The bleeding was very profuse, and therefore I was obliged to ligate the anterior and middle temporal arteries in the street where he was lying. and having extemporized a stretcher, I sent him to the Good Samaritan Hospital.

"Here we found him gashed and gory," and upon cleansing the wound and carefully inserting the finger, several pieces of loose bone, (one an inch square), was detected and taken away. The larger one forming a part of the outer rim of the orbit, and a part of the base of the zygoma. The wound was brought together with silver sutures and the other injuries examined. There was a Colle's fracture of the left arm, which was dressed with a carved splint made for the purpose; not so perfect, by the way, as Bond's apparatus, but sufficiently good to make an excellent cure. A dislocation of the right elbow joint, (olecranon upwards) was then reduced, and a most severe contusion of the right knee carefully bandaged. *Arnica* 3 was given internally and the patient, much exhausted from his sufferings, allowed to rest. Fever, delirium, coma, etc., set in, which were controlled by *aconite* for the first days, and *opium* thereafter. Slowly the young man recovered from his injuries, and a good constitution carried him through.

Case II.—Fracture of the Skull, Compression, Elevation of the Bone, Recovery.—An orphan boy, about five years of age, was leaning from the third story window of the school, when he fell forward to the ground, striking his head upon the ground. He was perfectly insensible, and was brought a distance of five miles to the hospital. When I saw him about six hours after the injury, I found him totally deprived of consciousness or sensation, his urine had passed involuntarily, the pulse was hard, full and slow, the mouth drawn to one side, and other symptoms of an alarming character. Upon examining the wound I found a depression in the skull on the right side, caused by an irregular fracture of about an inch and a quarter

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in length. This was, with a little difficulty, raised with the elevator, and the external wound allowed to remain open. Six hours after there was a slight return of consciousness indicated by a sensibility to pain. He was given *arnica* 6 every two hours, and *arnica* solution applied to the open surface. The next day he was improving, and the wound was brought together. He has recovered fully, and now is playing around the hospital.

These cases, both of which happened within a short period, are recorded to show, what degree of force may be applied to the head without causing death.

Correspondence.

FOREIGN.

LETTER FROM VIENNA.

Editor of the Western Observer:

Many thanks for the OBSERVER. Enclosed please find an article, "Myxo Sarcoma."

Yesterday, I gleaned the following from one of the principal daily papers here, which may be of interest to you for your OBSERVER in a medical point of view, and at the same time shows forth pretty clearly the moral and social condition of the "Kaiser Stadt," Vienna, viz: In the year '68, the number of legitimate births was 12,513, of these there were 6,471 boys and 6,042 girls. The number of illegitimate births was 12,435, of these there were 6,250 boys and 6,185 girls; accordingly there were only 78 legitimate births over and above those of illegitimate origin.

Of the above numbers there were 408 cases of twins; legitimate, 77, (both boys), 104 (both girls), and 81 (boy and girl);

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illegitimate 80 (both boys), 104 (both girls) and 61 (boy and girl).

There were two cases of triplets, one all boys, the other, two boys and one girl. Of their legitimacy, nothing is said.

Excluded from the above, there were still-born legitimate boys, 303; girls, 226; still-born illegitimate boys, 330; girls, 263.

In my letter of March 14, '69, you will find I have not mentioned the name of the Professor to whom this occurred, viz: the affair of the sponge. It was not the surgeon who was named in your June and July number of the OBSERVER, although for a while here reported. The ovariotomy was made here, however, a sponge remained in the abdominal cavity and a description of the case was given by the operator in one of the medical papers of Vienna. If you wish the two numbers I can send them to you. At the time of my writing, (May 14, '69), I knew full well, and positively so, that the surgeon whose name was mentioned in the OBSERVER was not the one to whom this affair had occurred, nor did I intend to convey the idea that he was the person in question. Your friend,

A. E. RIESS.

Vienna, July 4th, '69.

P. S.—Day before yesterday I had the good fortune to extirpate part of a tumor, interfering with breathing, situated in the post lateral wall of the pharynx, on a level with and adjoining (touching) the left arytenoid cartilege. R.

AN INTERVIEW WITH PROF. WM. HENDERSON.

Editor of the "Western Homœopathic Observer:"

A line from this far famed city of Caledonia may not prove quite uninteresting to you, especially as you have not visited it yourself in your late trip across the waters.* Without detaining you with a description of Edinburgh, or rather "Edinboro," as

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it is here called, with its Castle, and Princess Gardens, and Holyrood Palace; its magnificent streets, wide, and lined with stately five and six story high mansions; its museums and art galleries, and above all else its charming environs. I will give you a few words about Prof. Wm. Henderson, Professor of Medicine and General Pathology in the University of Edinburg. I have just returned from a most pleasant interview with him, and while our conversation is still vivid before me I will give you a synopsis of it.

Dr. Wm. Henderson is fifty-nine years of age, tall, dignified, slow of utterance, but decided in all he says. "Your American remedies, or rather the new ones, have not met my expectations, nor give me the symptoms spoken of in Hale's book," was one of the Professor's first words when he learned that I hailed from the United States. "In very many cases I had to discard them after a most faithful trial. And, by the by, how about the action of your college and society in reference to Dr. Hale?" I told the Professor that the Doctor's ritual expulsion did not commend itself to the profession at large, but that we held that the dose ought never to be made the criterion of a man's orthodoxy. "Right, my dear Sir, it is the principle and the principle only. We have in some instances to give large doses. I have repeatedly tried the first attenuation of Pottassae Iod. in syphilis, and for weeks could not perceive the slightest effect. Then I gave it pure and in appreciable doses, and effected a cure. Dr. Hughes' experience is the same as mine." Speaking of Homœopathy in Great Britain, he remarked: "We have had hot times here with Drs. Forbes and Simpson and others; but that is all passed now. We have half a dozen good practitioners of our school here and are progressing. I have practiced it now for twenty-five years, but owing to my state of health, I have in a great measure retired from general practice. Yesterday I sent in my resignation of my Chair of General Pathology, as I cannot, in my present state of health, attend to its duties. It is hard, sir, when a man is in his prime, to retire; it is a great wrench, sir, a great

*The Doctor is in error; we have most pleasant recollections of "Edinboro town."—Ed.

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wrench. For twenty-seven years I have held the Chair, and am the fifth in seniority, now living, in the University." The Professor is fifty-nine years of age, hence was only twenty-two when he received this responsible position. In further conversation I learned that he retired on 37-60ths of his full salary, or about three hundred pounds a year for life. The classes never diminished on account of his adherence to Hahnemann's great law, he assured me, but many students studied and embraced Homœopathy. "Your country has done much for Homœopathy; its progress is wonderful, wonderful."

After some general remarks I took my leave, glad that I had an opportunity to see and converse with a gentleman who stands first in the ranks of our school in the United Kingdom. During my stay in Europe, you may expect to hear from me occasionally, and I trust to receive the OBSERVER regularly.

Yours most truly,

Edinburg, July 3d, 1869. M. MAYER MARIX.

Western Homœopathic Observer.

ST. LOUIS, MO., SEPTEMBER, 1869.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Readers of the OBSERVER, will oblige the Editor if they will forward copies of local newspapers, or similar matters of importance to the profession, all such will be thankfully acknowledged.

☞ Physicians having changed their locations, or desiring to remove from one portion of the country to another, will please communicate with the Editor, that he may note the same. Records of marriages, and deaths of physicians, and other personal news will also be received and noticed.

☞ All exchanges, books and pamphlets must be addressed to the Editor, No. 1418 Washington Avenue.

Editorial.

THE ST. LOUIS COLLEGE OF HOMŒOPATHIC PHYSICIANS AND SURGEONS.

This institution, of which we chronicle the advent, we trust will prove a success. The efforts of the Faculty and Board of Trustees have been to secure for it a permanent foundation, thereon to build a superstructure, which will be enduring. It has been organized for the purpose of qualifying young men

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for the practice of Homœopathic Medicine and Surgery, and the course of lectures will, no doubt, be as complete as earnest men can make it.

There are some peculiarities in the course of instruction, which we consider superior to the older methods of teaching, viz: The manner in which one chair endeavors to keep pace with the teachings of another. The anatomist lectures on the head, the surgeon on the operation belonging thereto, the physiologist teaches the functions of the brain, the professor of practice, the diseases thereof, the pathologist its abnormal conditions, etc., etc. Much time, much repetition is thus saved; but above all, the impressions made upon the mind are strengthened, and to the new student this is a matter of importance. Another item which is of GREAT IMPORTANCE is found in the fact, that the Good Samaritan Hospital is under the medical charge of the Professors of *Clinical* Medicine, Practice, Obstetrics and Surgery, and therefore the students will expect, and will necessarily receive an amount of clinical instruction, which is of itself, of vast importance. Here physical diagnosis, chemical examination of urine, the semeiotics of disease and *practical* therapeutics will be taught. Here the *truth* of assertions made in the lecture room will be tested; here the symptoms calling for the administration of medicines will be noted and the *action* of such medicine observed. Here the various operations in surgery will be performed before the class and the action of homœopathic medicine in surgical diseases be carefully delineated.

Besides this the diploma of this hospital is to be an official document of no small value, while the diploma of the College, being in the ENGLISH LANGUAGE, can be read and appreciated by all who not only hold it, but who *look* at it.

The English diploma we regard as a step belonging to the age in which we live. Take all the professors in all the colleges of the country of to-day, and how many can read the Latin with sufficient fluency to construct a diploma? We care not about the A. B. and the A. M. We care not about the diplomas of Belles Lettres from Yale, or from Har-

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vard, or from anywhere else. Take the man who, ten years ago, took the first honors of his class and delivered a Greek salutatory; or he who was valedictorian a dozen years since, and request a diploma in the Latin tongue, and how many?—how many? we ask in truth, can write a connected one? If there are so few who can write the Roman, there are fewer still who can read the same. We do not refer to such phrases as "*verbum sap*;" "*non est*;" "*montes parturiunt*" or "*experientia docet*," or, "*E pluribus unum*," no, nor even to the first lines of Cæsar, or half an ode from Horace; but who can take up a moderately difficult Latin text and read it with a medium fluency. If this be true of the profession, it is still truer of the masses of the people. Every body knows it to be a fact. Therefore, in consideration of these trueisms, we are in favor of the "*English Diploma*," and from what we can learn it will be made as difficult to secure as the old fashioned "*Omnes ad quos*," etc.

The announcements of the College are now in circulation, and can be procured by application to the publisher of this Journal. Success to the St. Louis College of Homœopathic Physicians and Surgeons!

MEDICAL BOTANY AND PHARMACOLOGY,

We observe with pleasure that Dr. Hale has established this new chair of instruction. It bears directly on the chair of Materia Medica, with which he is so thoroughly at home, and will prove very advantageous to the student.

"Dr. Hale is an old professor in a new chair. His past services in the chair of Materia Medica, as well as his contributions to the literature of that department of medical science, have made his name widely known. An original observer and lecturer,

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his theories and peculiar method have naturally excited some opposition, but the Board of Trustees are convinced that the services of such a man should not be lost to the College, and are happy to announce that all differences in the Faculty have been harmonized, and that the chair of Medical Botany and Pharmacology has been expressly erected, in accordance with his wishes, for the purpose of rendering Prof. Hale's talents available. It will be illustrated by means of a large collection of Pharmaceutical preparations and an extensive Herbarium."—*Tenth Annual Announcement Hahnemann Medical College,* 1869.

We have received from our esteemed friend, Dr. Shipman, of Chicago, the following circular, which we print in full:

CHICAGO, JUNE 1, 1869.

Dear Sir:

The translation of Von Grauvogl's Lehrbuch der Homœopathie, which was committed to me by the author, has just been completed, and when it has been subjected to the inspection of the author, will be ready for the press. Unhappily, no publisher can be found who wishes to undertake a work of such magnitude, and the undersigned finds himself, therefore, constrained to inquire of the Homœopathic profession if they wish to have the work published, and if they will signify the same by their subscription. The work will be a volume of about 750 pages; will be printed and bound in a manner creditable to the cause which it advocates, and will be delivered to subscribers, free of cost, at $6 per copy, bound in best English Muslin; $7, Morocco back and corners, with English Muslin sides. If an early response is made to this note, the work will be issued sometime about November 1st.

To the opinions of various members of our profession I will venture to add my own, that this work of v. Grauvogl's is the best refutation of Allopathy, and the best defence of Homœopathy which has been as yet published. It rests with the profession to say whether it shall appear in our own language.

Respectfully yours,

GEO. E. SHIPMAN,

292 *West Randolph st., Chicago, Ill.*

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General News.

G. H. MORRILL. M. D., ST. LOUIS, EDITOR.

We are pleased to acknowledge the reception of a bust of Hahnemann. It is a copy of one by Schubert, of Dessau, which was made after the last oil painting of the illustrious Father of our school, in possession of Mrs. Dr. Woosderf, of Coethen. As far as we can judge, this, therefore, is an excellent representation of the master.

REMOVAL.—Dr. Thompson has removed from Humboldt, Kas., to Springfield, Mo.

The St. Louis College of Homœopathic Physicians and Surgeons will commence its first regular course of lectures, Oct. 10th.

Rev. Dr. Kramer, Rector of the Episcopal church at Summit, was suddenly afflicted with blindness, while officiating in Dr. Tyng's church, New York City.

By the *Lancet*, Dr. Thompson informs us, that since he commenced using the warm baths in scarlet fever, some fifteen years ago, he has never lost a case from this disease.

At the asylum at Molokai there are under treatment, two hundred and eighty-four lepers. There being no relief for this disease, the patients will remain here until their death, which often times does not take place for years. The asylum is under the charge of the government, and the patients receive the best of treatment "free of charge."

R. G. VALENTINE, M. D.. of Henderson, Ky., after practicing under the Old School system for eight years, has become a convert to Homœopathy.

A large Homœopathic hospital is to be established in Farnbuli Canton, Luzern, Switzerland.

PETROLEUM.—From the Portland *Star* we learn that excellent champagne is now made from petroleum. A Cincinnati paper also informs us that it is extensively used in the fatting of swine. What next?

The Pope has forbidden the physicians of Paris continuing their attendance upon patients who, after three days' dangerous illness, still refuse to confess.

OIL OF SASSAFRAS.—Recent experiments have shown that a few drops of the oil placed on the end of a cigar, or on the tobacco in a pipe, will

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completely antidote the disagreeable influence of nicotine. It is also a valuable agent in destroying the poison of insects and reptiles.

MUTILATION.—A young man was lately admitted to Guy's Hospital on account of wounds received at the hands of his wife. It seems that she grasped the genitals with one hand, and with the other made a cut from above the symphysis pubis downward into the perineum, sweeping close to the anus, and upwards again to the point at which it commenced. The whole skin thus included was removed by traction, together with one of the testicles. The penis and remaining testicle were thus entirely denuded, although otherwise uninjured. What will be the state of the parts after the process of granulation and cicatrization, remains to be seen.

FRACTURE OF BOTH FOREARMS IN A CHILD.—At a meeting of the Homœopathic Medical Society at St. Louis, Dr. Franklin related a case of fracture of both forearms in a child ten years of age. The fracture was caused by falling from a shed and striking upon the hands, the bones being broken about an inch above the wrist joint. The fracture of the left arm being simple and that of the right compound.

After the reduction of the fractures the left arm was placed in Bond's splint and the right in splints extemporized after the manner of Hays'. The treatment was entirely successful, the patient recovering with the full use of his limbs, although at present there is slight stiffness, the provisional callus not being entirely absorbed.

Dr. F. remarked that this was the third case of the kind upon record, which makes it doubly interesting.

THE State of New York has appropriated $13,700 to the different Homœopathic dispensaries in the State.

EVERY railroad train in Sweden is supplied with a medical staff, in order that every attention may be paid to the wants of the wounded in case of accident. Is not such an arrangement needed in this country at the present time?

THE Bicarbonate of Soda has been proven to be the best solvent of false membrane, producing perfect solution in three hours. Every one should make a note of this, as it is of great importance in the treatment of croup and diphtheria.

ABORTION.—Abortion is fast depopulating the American people in most of the New England States. There is not more than one child born where there were some four or five thirty years ago. Is this the effect of education upon the people?

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FEMALE PRACTITIONERS IN SWEDEN.—The Swedish Government is about to establish a Medical College at Gothenburg where ladies of seventeen years of age, may receive a complete course of study, lasting three years, and including clinical and anatomical lectures. A diploma will then be granted, enabling them to establish themselves as physicians in any part of the kingdom.

THE PHYSIOLOGY OF THE CEREBELLUM.—S. Weir Mitchell, M. D., during the last six years has experimented chiefly upon birds, with reference to the physiology of the cerebellum, and the foundation for the following opinions rests upon experimental and other proofs peculiar to his own personal researches, and also upon a wide general consideration and study of the clinical history of cerebellar disease. The experiments made upon the cerebellum have extended over portions of at least six years. During this time he has ablated the cerebellum eighty-seven times, and performed more than two hundred and sixty experiments upon the influence of irritants on this and adjoining organs. He is disposed to deny to the cerebellum any larger share in co-ordination than exists in any ganglion employed in voluntary motion, and to assign to it a part closely relating it in powers to the chain of spinal ganglia. The cerebellum becomes, therefore, a great re-inforcing organ, capable of being more or less used in volitional muscular motion. Its loss leaves no functional defect save some incapacity for prolonged motor activity. He finally adds, that while he believes the cerebellum to be one of the great centres of force-development for voluntary, and perhaps involuntary motion, he is not at all prepared to assume that it has no other function.—*American Jour. Med. Science.*

The cool weather of last week had a marked influence on the mortality of the city. The lists showing a decrease of about seventy, or nearly one-third.

A woman in Michoacan, Mexico, recently gave birth to triplets, all boys, one black, one brown and one white.

MEMBRANUS CROUP.—H. E. Spaulding, M. D., of Hingham, Mass., mentions a case of croup where the inhalation of the spray of Tinct. Ferri Chloridi immediately relieved the difficult breathing, loosened the cough, and seemed to soften the false membrane, so that it was easily thrown off.

The twenty-third session of the American Institute of Homœopathy will be held at Chicago in June 1870.

A CASE OF RECTAL HÆMHORRHAGE.

REPORTED BY J. H. NANKIVELL, ESQ., YORK.

George D., aged 87, received a ticket of admission to my dispensary on the 8th of August last. He informed me that he had suffered from bleeding piles nearly three years, and that he was now become so weak that he found it difficult to walk. He had been so faint on his road to the dis-

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pensary that he was compelled to hold on by area rails or any other support he could grasp at. His face was pale and death like. The account he gave was that each time his bowels were relieved the piles came down, and that then he always "quitted" more or less of blood. He had taken medicines for a long time and used gall ointment, but the blood was never staunched. His pulse was small and thready, and going at the rate of 110.

It occurred to me that this was a case in which sulphurous acid might be useful, and I injected into the bowels ½ oz. of the acid of commerce, diluted with ½ of an oz. of water. Smart pain was felt for a few minutes, and the man went to his home, when the pain returned with some severity for half an hour. I gave no medicine internally at this time. On the 12th the patient returned and informed me that he had not lost a drop of blood since his first visit. I gave sulphur 30, one dose every night, and china 3, a dose three times a day. On the 15th there had been no return of bleeding. The radial artery gave evidence that the quantity of blood in the system was increasing. The pulse had fallen to 85. He was directed to continue the medicine.

29th. No bleeding, but has brought away some stuff like slime. To take arsenicum 3.

Sept. 2nd. He feels nearly well; has no pain or discharge of slime, neither has there been any descent of piles since the first and only injection. He was supplied with hamanelis *o*, to take in drop doses for a few days, and then to take ferrum chloridum for a while as a diet.

9th. He has returned to his work as a coach builder, and is in good health, or in his own phrase, "quite better."

Our profession is much indebted to Drs. Dewar and Pairman for their pamphlets on the use of sulphurous acid. I hope at some future day to give some more of my experiences in the use of this valuable agent. —Monthly Homœopathic Review.

BOOKS AND PAMPHLETS RECEIVED.

United States Medical and Surgical Journal; July.

St. Louis Medical and Surgical Journal; July.

Philadelphia Journal of Medicine; July.

Homœopathic Review, London; July.

Hahnemannian Monthly; July.

Medical Investigator; July.

American Homœopathic Observer; July.

Medical News and Library; July.

Homœopathic Sun; July.

Occidental; July.

New England Medical Gazette; July and August.

Boston Journal of Chemistry.

North American Journal of Homœopathy.

Homœopathic World, London.

Medical News and Library.

Burt's Characteristic Materia Medica.

Jahr's Forty Years' Practice.

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THE

Western Homœopathic Observer.

OCTOBER, 1869.

Original Articles.

MEDICINE.

A LECTURE ON SOME OF THE ESSENTIAL PRELIMINARIES OF THERAPEUTICS, BEING THE SECOND OF A COURSE DELIVERED AT THE REQUEST OF THE STUDENTS ATTENDING THE SUMMER COURSE OF LECTURES.

BY PROF. WM. TOD HELMUTH.

(*Reported by A. E. Everett.*)

Gentlemen:

When the functions of man are free from derangement, the body is said to be in a state of health. The human family, however, is so encompassed with agents of deleterious qualities, so liable to disease from causes both internal and external—many of which are unavoidable, but quite as many within its own control—that a state of perfect health is rather an exception than a rule; rather a passive than an active condition, which few are able to describe from their own experience; yet, perhaps, of all earthly objects of desire, the most conducive to happiness.

But although it is rare to find this normal condition in the aggregate, we are able to detect it in the healthy performance

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of individual organs, and having acquired such knowledge, are prepared to understand a departure from a healthy standard.

But such are the intimate sympathies, (several of which have been noticed), and connections existing between the different parts of the human organism, that a derangement of one part exercises an influence in disturbing parts more or less remote; and in forming an estimate of disease it is of the first importance to know the precise relative value of symptoms thus secondarily produced.

A symptom, the result of sympathy or nervous connections, may become so prominent as to divert the attention of the inexperienced or unprepared from the chief point of danger, which latter would be revealed to him whose knowledge of functions would detect some deviation by which to know the real seat of the disorder, and thereby be enabled to apply his means scientifically and successfully; and so closely and mysteriously are the different functions of the human body blended and connected together, and so mutually dependent on each other, that it would be difficult to point to any one in particular and say that it was more independent than another. I mean relationship, and not relative importance.

A stab through the heart would produce death more certainly and instantaneously than a thrust through the lungs, but in derangements of the same parts from a different cause, though of a kind less violent in its nature, it would be difficult to know from the disturbance from which the least inconvenience would be experienced.

There are three kinds of functions described by medical writers, the vital, the natural and the animal.

The first two, in importance, are about equal, and cannot be suspended without the destruction of life.

The vital embraces circulation and respiration; the natural, digestion, nutrition, secretion, and excretion. These latter may be suspended or impaired with much less danger to the individual.

All these functions are performed in a healthy condition without uneasiness and without consciousness and are independent of the will, but influenced by various circumstances.

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By animal functions are understood voluntary motion and senses, *these* are regulated by the *will*, capable of being suspended, and they connect man with surrounding objects.

In noticing causes of disease, it is first to be observed that they have been divided into proximate and remote, and the remote into predisposing and occasional.

What is denominated *proximate* cause has occasioned much perplexity, being, by some, confounded with disease itself; by others, considered as the cause of disease, removing a step further back from the sensible signs of disease; which latter were supposed to constitute its essence. Let the proximate cause be the morbid alteration, either functional or material—the dynamic aberration the disease itself. This view Homœopathy should take, and certainly is the true one.

The remote causes of disease include a great variety of agents which differ in their nature and effect. Some have a general action, producing in the same individual at different times, or in different individuals, different effects.

Cold will produce either ordinary rheumatism, dysentery, or catarrh. Some remote causes possess specific properties, inasmuch as they always produce the same effect.

A PREDISPOSING cause consists in some permanent condition of the body, which, under some extraordinary or unusual circumstance will excite morbid action.

Predisposing causes are general and individual; among the general are climate, the seasons, particular localities, etc. Thus a residence in a warm climate predisposes to disease of the liver. In a cold climate, a predisposition to inflammatory action exists. In different seasons of the year we find a predisposition to different grades and kinds of morbid action.

Individual predisposition may exist for a long time unknown or unnoticed until revealed by some occasional or remote cause. Thus two persons exposed to colds be may differently affected, one with catarrh, one with phthisis. There is also hereditary predisposition. This does not usually exhibit itself until the individual attains a certain period of life, which varies according to the predisposition inherited, exposure and nature of the malady. This latter variety has been denied,

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but it is fairly argued that if children are born with conformations similar to their parents, how can it be denied that such peculiar conformation successively transmitted may not connect itself with a predisposition to certain diseases.

Temperament is also another predisposing cause of disease. By temperament is understood the difference that exists between individuals in consequence of the variety of relations and proportions between the constituent parts of the body.

The ancients supposed this difference owing to the preponderance of either bile, blood, lymph, and black bile; hence the choleric, the sanguineous, the lymphatic and the atrabilious, or melancholic.

The sanguineous temperament is recognized in light flowing hair, clear blue eyes, ruddy cheeks, slender, symmetrical figure, and great vivacity.

The atrabilious, or melancholic; in stiff, black hair, dark, penetrating eyes, sallow complexion, spare or gaunt figure, and great intellectual ability.

The phlegmatic, or lymphatic; in lank, dark, greasy hair, pale, bloated, inexpressive countenance; dim, muddy eyes; inactivity and unwieldiness, and dullness of intellect.

The choleric; in crisp, curly, reddish locks; gray, sparkling eyes; a red brown complexion; a firm, thick-set figure and a hasty temper.

Some consider temperament to depend upon a difference between proportions and balance of the different organs. They, however, seem rather to be connected with some peculiarities in the organism producing sensibility, irritability, and different mutual capacities arising from some unknown cause. Temperament is modified by the mode of life and habits of the individual.

In ancient times peculiarities would be more likely to be retained in families in consequence of their keeping themselves more distant from each other, and encouraging intermarriages among themselves. The Jews afford a striking example of such a result.

National differences are also very distinctive. Clothing, diet,

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exercise, position of the body, and affections of the mind are all predisposing causes of disease.

Exciting causes are those which, when applied to the body occasionally or accidentally, occasion disease; the disease being often determined by the predisposing cause.

Disease may be acquired or congenital—the latter being those affections with which the infant is affected when born. A congenital may be a hereditary disease, but not necessarily A child may be born with water on the brain, or with syphilis, which latter it has inherited.

In some families the parents are healthy, yet all, or many of their children may be afflicted with some peculiarity or morbid affection not hereditary. Scrofulous children are thus met with whose parents are healthy.

Most diseases, however, do not arise from hereditary predisposition, but are acquired, adventitious or accidental, and are sporadic, endemic, epidemic, contagious, idiopathic and symptomatic. When disease attacks a single or a few individuals who have had no connection with each other it is said to be sporadic.

When there is some peculiarity in a situation or locality producing disease, the latter is said to be endemic, Such causes are acting constantly or periodically in certain situations. The ague is endemic in marshy districts and goitre at the base of lofty mountains. Of the nature of the emanations or miasmas producing disease we are profoundly ignorant. They appear to be the product of heat, moisture and vegetable decomposition.

Epidemic diseases are those which attack a number of individuals at the same time, and are dependent upon some atmospheric cause. Contagious diseases are the result of some specific miasma generated by the human body and producing a disease precisely of a like nature. If a contagious disease is not confined to a few individuals, but attacks multitudes, it is considered epidemic also; likewise an epidemic very generally may become contagious in consequence of a greater amount of morbid miasma accumulating in the atmosphere, and not from a change in the character of the poison. An idiopathic disease signifies a primary disease, one not depending on any other:

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A symptomatic disease is a symptom of some other affection; we have, therefore, symptomatic in contradistinction to an idiopathic disease.

There are some symptoms which are noticed in the general *external appearance* of the body. Disease alters the attitude, depriving it in a less or greater degree of that ease and freedom which characterizes it in health. Some consider the attitude during sleep as the most proper time for seeing the patient, the will exerting at this time no influence upon movement. Important instruction may often be gained by such examination, but also much is to be learned from the movements directed by the will.

The alterations of gait depend partly upon the conditions of the active and passive organs of motion and partly on the brain and spinal cord. Sometimes there is languor and depression and unwillingness to move, as in febrile disease, sometimes a determined and resolute attitude, as in mania.

Some attitudes at once point out the disease; as the unmoveable position of the body in catalepsy. Chorea is known by irregular and unsteady movements. The quick, hasty gait is indicative of a sanguine temperament; it also indicates an irritated state of the brain and sometimes forebodes acute and chronic delirium.

A slow and labored gait shows either debility of the muscles, or it may be occasioned by inflammation, tumors in the joints, exostoses, and is also the effect of rheumatism and atrophy. Inability to move different parts of the body indicates paralysis.

Permanent and regular contractions of the muscles occur in tetanus. A tottering gait may be the effect of bad habit, or may be the consequence of atrophy of the head of the thigh bone or debility of the ligaments of the hip.

Vertigo occasions staggering. Muscular debility may cause a bent position of the body, which latter may also arise from disease of the spinal column and muscles. Irritation of the cervical portion of the spinal column is evinced by nodding of the head and trembling of the hands.

Inability to walk is not only a symptom of paralysis, but

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occurs in dislocation and fracture of the bones of the lower extremities.

Inability to stand occurs in the commencement of nervous fevers, also from the weakness which follows many acute and chronic diseases. In aged persons the falling of the head upon the breast shows debility; it is also perceived in diseases of the vertebræ. If a person assumes a crooked attitude, with one shoulder deeper than the other, it is done either to avoid pain or is owing to a narrowing of the chest, which sometimes takes place after inflammation of the pleura. Curvatures of the spine also cause a crooked position. In organic disease of the heart the patient sits in consequence of the difficulty of breathing. The same position is assumed in bronchial catarrh, pleurisy, hydrothorax and asthma.

If the difficulty of breathing is still greater, the body is also bent forward, or the neck is thrown back, as in croup or diphtheria. In cerebral congestion the patients sometimes are either compelled to have the head very much elevated or are obliged to sit. In the beginning of pleurisy the patient lies on his back with the thorax somewhat inclined to the affected side. In pneumonia, hydrothorax and pleuritic effusions. the patient is often found lying on the right side.

In great debility, the patient lies on his back with extended limbs, and a degree of inertness and flaccidity prevails throughout all parts of the body.

A patient lies on his back in rheumatism to avoid the pain and uneasiness produced by changing the position.

In inflammation of the peritoneum and intestines he lies on his back with legs drawn up to take off the action and pressure of the abdominal muscles.

In colic, lying on the belly is preferred, that pressure may be made upon the abdominal muscles. In aneurism of the aorta the patient often lies on the left side, so also often in organic disease of the heart. A quiet position when lying, entire consciousness and considerable strength is a favorable sign, indicating the termination of the disease. If a quiet position exists with loss of consciousness, it indicates effusion of blood or serum

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upon the brain. In severe pain of the abdomen, a doubled-up position is adopted.

Digestion, it has been stated, is a natural function. The apparatus by which this function is performed, from the variety of hurtful influences to which it is exposed, as well as from its extent of surface, is the seat of very many derangements and diseases.

The apparatus consists of the mouth, teeth, tongue, throat and œsophagus, stomach, small and large intestines.

Digestion, performed in a healthy individual, imparts a pleasing sensation of warmth which is not confined to the stomach only, but spreads itself to other parts of the body by the excitement, as it is supposed, of the great sympathetic nerve.

The object of digestion is to convert those substances taken into the stomach into a reparative juice, which renews the constant waste occurring in the system, and to expel the remaining parts of the ingesta after their nutritious parts have been extracted.

To accomplish these purposes the food is first masticated, after which, being mixed with saliva, it passes down the œsophagus into the stomach, thence into the small intestines, where it blends with the secretions of other organs, thence it passes into the large intestines, from whence it is expelled.

The saliva prepares the food mechanically for deglutition, but what other office it performs in the process of deglutition is unknown. There are three acts in deglutition. In the first, the particles of food are collected together and glide between the surface of the tongue and the arch of the palate till they have passed the anterior arch of the fauces; the second act carries the morsel beyond the constrictors of the pharynx, and by the third it passes along the œsophagus into the stomach.

The first is performed by the voluntary action of the muscles of the tongue; the second, by muscles partly endowed with voluntary motion, as the superior and inferior muscles of the soft palate, but it is also, in part, involuntary, as we cannot arrest the passage of the food after it has reached a certain situation

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on the surface of the tongue; the third is performed by muscles whose action are almost involuntary.

The rima glottidis is closed during the action of swallowing, although deglutition can still be performed if the epiglottis be destroyed. When digestion is not going on the stomach is contracted, when food is received into it, the food passes along the greater curvature from left to right and then along the lesser curvature from right to left. These motions occupy from one to three minutes, increasing in rapidity as chymification advances.

By chymification is understood that process effected in the stomach upon the food by which, with the exception of insoluble parts, it is reduced to a substance called chyme, which is composed of globular and fluid parts, and is of a grayish color and acid taste, and this change is produced by the peculiar action of the gastric juice, which latter has the property of dissolving food without, as within the body; which power was supposed to be owing to acetic and muriatic acid, which is found with the gastric juice.

To ascertain exactly the part which is played by these acids, experiments have been carefully instituted, the result of which is, that the dilute acids, without themselves undergoing any change, aid by their presence the decomposition of the organic substances just as they aid in the conversion of starch into sugar when boiled with it. (Catalysis.)

The final result of all, however, is that the gastric juice is a fluid, *sui generis.*

The food on quitting the stomach, enters the duodenum, where it is subject to other changes.

The duodenum may be regarded as a second stomach, very different from the other small intestines, by its capacity of dilatation, by its size and the regularity of its curvatures, the number of chylous vessels arising from it and its reception of the biliary and pancreatic ducts.

In the small intestines the chyme becomes converted into chyle; the aid which the bile contributes to effect this object appearing for the most part to be to complete the solution of the chyme, or effect its conversion into chyle, or to bring about the production of albumen from the food.

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When a ligature is placed around the biliary duct, chyme is no longer converted into chyle. Yet there are on record the cases of two infants, four and five months old, in which the hepatic ducts terminated blindly, so that no bile entered the intestines. The evacuations were white like spermaceti and the skin jaundiced, yet the infants grew quickly and throve tolerably. This fluid (the chyle) is absorbed by the lacteals of the intestines, and is of a white, milky color. It differs with different kinds of food which are consumed.

Its milk-like color is owing to its containing fatty matter suspended in a state of fine division. It does not appear, however, to be a mere solution of animal matter, containing no other globules than those of fat, but globules also of another kind, which are white, not transparent, and very small, and to these, especially, is the white color of the chyle owing. But to whatever cause the change in the chyle is to be attributed, whether in the addition of or conversion into new matter, it is effected by the lacteals and lymphatic vessels. The alimentary mass, separating into two parts, the one chylous, the other excrementitious, passes into the jejunum and ilium, during its progress through which it is retarded by numerous curvatures, which convolutions favor the longer presence of the food, so that the chyle may present itself to the inhaling mouths of the lacteals by which it is to be absorbed. Its motion is quickened as it parts with its nutritive and excrementitous parts. The chylous vessels uniting together their lesser ramifications, empty their contents into the thoracic duct, which may be considered the center of the whole absorbent system. In another lecture this subject will be continued.

IMPORTANT CLINICAL NOTES FROM FOREIGN JOURNALS.

(Selected, translated and arranged expressly for the Western Homœopathic Observer.)

CHLORAL—*A new Hypnotic.*—A great, and well merited sensation has been caused, by the discovery of Liebreich, which adds another and new hypnotic to the Materia Medica, and

which, in many essential points, is of greater value than the older remedies in this category. *Chloral*, of which we here speak, has been known to the chemist for some time, but little attention has been paid to it, and to the physician it was scarcely known by its name. Liebreich, imbued by the some idea, experimented with Chloral on animals by means of subcutaneous injections, and the results were, that the animals remained for one whole hour in a sound sleep, during which period they were at times completely unconscious, and on awakening there was no disturbance or derangement of the system whatever, observable. The experiments were so remarkable that L. concluded to repeat the same on men, which he did with equally great success. It was at once ascertained with certainty that Chloral was an efficient and harmless hypnotic, either administered internally, or per subcutaneous injections, and that it acts in cases where large doses of opium and morphium were of no benefit or effect whatever.

Since Liebreich made known his experiments to the Medical Society of Berlin, various trials have been made with the new remedy by different medical men; especially in the clinic of the eminent Langenbeck were the results most satisfactory with this new agent. Whether Chloral will take the place of chloroform in surgical operations, has yet to be ascertained by administering larger doses. Liebreich thinks it will.

A more elaborate paper upon this topic will soon be published by Liebriech himself, meanwhile the whole medical profession of Europe are on the *quivi ve.*

PERIMETRITIS.—The following case is of great interest, and may serve to some extent in similar ones to assist in a more complete diagnosis. It admonishes us against too hastily changing and too frequent repeating our remedies. The proper medicine selected should be adhered to and its effects carefully observed, before we make changes, or resort to alternation or to frequent repetition. The more important points of the case are merely here given in a condensed form, but the picture of the affection is quite complete: (Translator.)

A woman, aged twenty-three years, was delivered, on Nov.

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3d, 1868, of a dead male child, in the lying-in hospital at Hanover; the labor was difficult and tedious, continuing over forty-eight hours, but was accomplished without mechanical appliances. The patient was a primipara. Two hours previous to the birth, the child was yet alive, but the patient lost much blood, yet, withal, was quite comfortable up to the fourth day after her confinement. At this period she began to complain of pain in the right side of the abdomen, the region, according to her judgment, where the head of the child had lain fixed for some time, when first entering the pelvis. She was feverish, had no appetite, severe headache and constipation. She was treated with cupping and cataplasm upon the affected region, and at evening she took *morph. acet.*, and for the constipation she received *ol ricini* and *enemas.* The pain in the abdomen and other symptoms were relieved, and eight days after the birth the patient appeared quite recovered. She remained until the fourteenth day in the hospital, and after an examination, nothing abnormal being found about her, she was dismissed as cured.

At her home she could perform a little light house work. About a week after this the violent pain reappeared in the same region, and, in fact, together with the same symptoms, fever headache, constipation, etc. She, however, still remained about the house, but in a week more, she was obliged to take to her bed, and sent for an allopathic physician, who ordered leeches and warm flax-seed poultices to be applied to the painful region, together with *ol ricini* for the constipation. The patient was treated in this manner for two weeks, and not getting better, on Dec. 13th, 1868, Dr. Palle was consulted. The Doctor found the patient somewhat emaciated, with fever, no appetite, coated tongue, great thirst and violent headache; the pulse was frequent and small. On examination it was found that the *fossa iliaca dextra* was nearly filled with an exudation; it felt hard, and the swelling was quite painful on pressure. She also experienced at times, pain in that region without pressure, extending from the swelling, over the whole abdomen and down the right leg, especially at night, when the patient had no sleep whatever, and the pain was most intolerable, even when she

was perfectly quiet; hot poultices would then give her some relief. The *per vaginam* examination confirmed a swelling, located to the right in the superior portion of the vaginal cavity, which, however, was not painful to the touch; the uterus was normally contracting. The patient complained much of constipation and occasionally of painful micturition. The urine contained no albumen. Dr. P. directed his treatment to the speedy absorption of the exudation, and gave *merc. solb. Hahn.* II. Tr., four doses per day, and continued the warm poultices of flax seed, directing the patient to remain perfectly quiet; every other day he ordered an enema. The diet consisted of fluids, milk, bouillon with the yolk of an egg, soups, etc., to support the system and retain her strength, which is of great importance in cases of this nature. Under this treatment the exudation seemed to increase in quantity at first, but after one week it was observed to diminish, and in two weeks it was considerably absorbed, the pain greatly diminished, and her general health better; her appetite returned, she had less thirst, the pulse was less frequent, but not very strong; she had some sleep at nights, and from this period the absorption ceased. *Hepar. sulph. calc* III. Tr., four times daily was now given, and under the continued use of this remedy the rest of the exudation was absorbed entirely in two weeks. The patient is now, after five weeks' treatment, completely cured and able to be out.

Excessive Pollution—Digitalin.—Dr, Palle cites a number of cases where *Digitalin* in this affection has been of very great benefit. Three of the cases were individuals who were more or less habitual Onanists. The pollution occurred in all cases, from three to four times each week, during the night, after which there was much prostration and exhaustion; in fact, these patients were greatly debilitated, from the long continued ailment, being over one year the victims of this disease; though they protested that they had given up indulging in the bad habit of Onanism. Dr. B. says that in these cases, fourteen doses of *Digitalin*, II.. every other morning. a dose before breakfast, was sufficient to cure the patient entirely. Three other cases are mentioned. in which the patients positively de-

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clared that they had never practiced Onanism; they were robust and healthy men, who every few months, had from eight to fourteen nights in succession, an emission. One of these cases is especially interesting, from the fact, that succeeding a coition, he had a pollution from eight to twelve nights. In these three latter cases, Dr. B. adds, that one dose of *Digitalin* II. Tr. taken in the morning was sufficient to cure them entirely. Of the III Tr. no good effects were observed.

PURPURA HÆMORRHAGICA.—A poor girl, aged twelve years, was visited Feb. 2d. She was completely covered with blood, blood would discharge from the eyes, and ran in large drops down her cheeks. There was also a continued flow of blood from the nose and ears. She experienced a sensation of heat in the anus and sexual organs, with trickling of blood; there were red spots upon the whole body, which, on pressure did not disappear. Ecchymosis in all soft tissues; the tongue was egg-shaped, purple in color, and so distended by infiltration of blood, that the respiration was impaired. The nostrils were filled with coagulated blood; the gums were spongy and swollen; the respiration accelerated and the skin cool and the pulse feeble.

The poor parents, applied cold water and gave a little wine to drink. *Phos.* 6. 15 pellets in water was prescribed. On the next day considerable improvement; a few drops of blood trickled down the cheeks, but there was no bleeding of the nose; the mouth and gums, however, bled considerably; the tongüe remained much swollen; the red spots were less prominent; respiration was normal, and the pulse stronger. Continue *Phos.*, and ordered bouillon. After two days, no more bleeding; tongue normal, red spots on lower extremeties continue. *Phos.* 18, and nourishing diet. In eight days the patient was entirely well.

During June, she vomited blood again, accompanied with violent pain in the stomach, and a few purple spots on the lower extremities showed at once the nature of the disease.

Ipec. 2 glob. in water. In the evening it was reported that

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she once had vomited coagulated blood, but there was no more nausea or pain in the stomach.

Phos. 30th and bouillon, after four or five days the patient had recovered. The spots remained for eight days longer. *Lachesis* (one dose,) completed the cure.—*Dr. Neucker, Journal du Dispens. Hahnemann de Brux.* 28 *Jan.* 1869.

Pruritus—Caladium Seguinum—A child of four years was much affected with an itching on the genital organs, which caused much scratching, which the most severe punishment had no effect in preventing. The little one became much emaciated and completely debilitated. After six weeks of unsuccessful treatment, *Calad. seg.* 0 six drops in three ounces of water, every three hours a teaspoonfull, was ordered. In a short time the child recovered entirely from this troublesome affection.

A young man, aged twenty years, otherwise well, had frequently very violent itchings of the genitals. After three months, a mucous discharge with numerous small nodes appeared on the organ. *Calad. seg.* 0; eight drops in six ounces of water, a teaspoonfull every three hours, cured him in a very short time.

Dr. Palle recommends, in secondary syphilis, *Mere, praec. ruber.* I. Tr. in one grain doses, gradually increasing from one dose to four per day. Several cases published by him are of great interest.

Incontinentia Urinae.—A gentleman thirty-six years of age was troubled for three months with a partial paralysis of the sphincter vesicæ. He complained that during the day, especially while riding, or when walking a considerable distance he could not retain his urine. The urgency to urinate was so violent, that it was impossible for him to control it, even for a short time. There occurred days, also, when by great urgency, the urine did not pass involuntarily, but was voided normally. During the night the patient said he had not observed this in-

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contenance, although the urgency at times was also very severe and he was obliged to rise and relieve himself. Patient was otherwise healthy. No spinal affection could be detected, as the patient was able to endure long walks, without fatigue, and had no debility in the lower extremeties. *Thuja.* I., a dose every other night, was followed by improvement in a week, and in three weeks the patient had so far recovered that he could retain the urine as in times when healthy. DR. PALLE.

Surgery.

S. H. WILLARD, M. D., EDITOR.

A CASE OF MYXO SARCOMA.

ALFRED E. RIESS, M. D., VIENNA, AUSTRIA.

S. Sarc-Mucosum, vel Sarc Gelatinosum.

Aaron J., of Jewish faith, hatter by trade, aged sixty-two, was admitted to a private surgical ward of Alla Kranken Haus, of Vienna, some three weeks since.

The patient, a tall, slender man, of melancholic temperament, stated that two years ago he first noticed a small swelling the size of a bean, upon the region corresponding to the center of the posterior portion of the middle third of the right thigh; that for a year and a half from the time he first began to notice the swelling, it increased very slowly, without producing pain or interfering with the accustomed persuit of his business; that it grew pretty equally large in every direction, and in January of this year had attained the size of a goose egg; that the increased rapidity of the growth began in January last and continued at a more rapid pace each succeeding month up to the time of his entrance into the hospital. He moreover stated that the intensity of the pains kept pace with the increase of the growth; that he first observed pains in January of

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this year, and that since the earlier part of March he was unable to conduct his business—which required him to stand constantly—because his leg began to become flexed upon his thigh. Not long after, it was beyond his power to extend it voluntarily.

Status præsens.—At his entrance, the patient presented the appearance of one who had suffered from pain, was despondent and utterly despaired of relief, which he demanded at the hands of the attending surgeons, in whatever form or shape they might deem best.

The leg was flexed upon the thigh forming with it almost a right angle. Every attempt at extension was not only productive of pain, but was unsuccessful. A further degree of flexion than was already existing could be quite easily accomplished.

The tumor was lobular and occupied the whole of the posterior portion of the middle third, as well as the corresponding regions of the lower half of the upper third, and upper half of the lower third of the right thigh. Several large straggling veins were coursing in the subcutaneous tissue covering the tumor. Parts of the common integuments were irritated from the continued use of salves and a host of other applications. This condition of the integument was only to be found upon the most elevated parts, *id est*, upon those portions which covered the most projecting points of the respective lobes. Otherwise the integument was healthy. Fluctuation was very evident at one point. With certainty it was already seen, at this period, that this was not the center of a suppurative action, for none of the symptoms which would have been present under this condition of things had made their appearance. The existing pains which harrassed the patient, were produced mechanically, by pressure of the growth upon nerve matter.

All the soft tissues surrounding the tumor would follow the direction in which the latter was being moved.

It was impossible to know beforehand, how far the perverted action had extended; whether the bone was implicated; whether the coats of the popliteal artery were not a prey to the disease; whether the nerve was not laboring under patho-

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logical changes; were the questions which were impossible to solve

With the consent of the patient, it was determined to go to the rescue by extirpation, and in case it were necessary, to resort to amputation. At all events, conservative surgery was to sway the sceptre and the patient obtain the benefit of the doubt.

The thigh was now flexed upon the trunk, firmly held by an assistant and an incision made in the median line of the posterior aspect of the thigh, directly over the tumor. Having severed the deep fascia, the operator reached the tumor.

The first object to engage attention was the long head of the Biceps, which, although partially destroyed, the nature of the tissue was yet discernable. The long head was diseased almost to the point of union with the short head, below and above, but not quite to the tendor of origin. The diseased muscular tissue gradually merged into healthy structure.

This morbid portion of the Biceps was lost externally in a mass of diseased product which burrowed between the Vastus externus and deep fascia. A continuation of this mass then took a direction inward and forward, separating the Biceps (long head) from its relation below, pushing forward the great sciatic, (which readily explained the pains to which the patient was subjected), together with the Adductor magnus and the tissues lying in front of this muscle, and then was lost in the muscular tissue of the Semimembranosus, (for this mucscle was diseased similarly to its neighbor). The morbid mass which merged out of this muscle on its median side, ran inwardly, covered the Gracilis, (received from behind), leaving it unharmed, and then pursued its course forward burrowing its way under the deep fascia. The Semitendinosus, strange to relate, was normal, although surrounded by disease.

The diseased muscles were removed quite easily, for they were not pathological at either their origin or insertion.

The balance of the morbid growth was as easily removed, peeled out, for it was encased in a bed of newly formed condensed connecting tissue. The remaining physiological tissues did not partake of the disease.

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The cavity of the wound was a very large and long one. The deep fascia was separated from its underlying structures externally as well as on the inner side of the thigh. The deep fascia part of the Gracilis and Adductor magnus, a portion of the remaining Biceps and the Vastus externus partly, all aided in forming the boundary of the cavity, while across it from above downward was, strong as a wire, the sound Semitendinosus, (freed from its relation). The pulsation of the popliteal artery revealed its presence as "not far distant."

Having carefully removed all of the diseased product and having properly cleansed the cavity; the Semitendinosus was placed in its physiological position and reinstalled in its normal relations as nearly as possible under the present condition of the parts.

It was feared at the time, that the Semitendinosus would be the source of trouble, (respecting the healing of the wound), on account of the anatomy of this muscle.

This proved not to be the case. The apprehension was, however, not without ground; for in addition to the above, I will simply call to mind the advanced age, and consequent inability on the part of the patient to overcome a continued suppurative action. Yet, if the tendon of the long head of the Biceps of the arm is allowed to remain, in resection of the head of the Humerus, it is, comparatively, not often the source of trouble, because its anatomical structure is such as to present more obstacles for a good result than that of the case before us; therefore there was no reason why this muscle should place insurmountable difficulties in the way of the healing powers.

The operation was attended with little loss of blood, yet the patient was very weak. The wound was closed with the exception of a portion of its upper end, which remained open for drainage, the thigh having been slightly flexed upon the trunk, in which position the patient was made as comfortable as possible.

To prevent the burrowing of pus, slight compression was made by means of a bandage, which, however, was not drawn too tightly.

I have seen many happy results from this method, especially

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in wounds of the forearm and leg, where there is such a constant tendency to the burrowing of pus between the muscles.

The reaction began with strong concomitants. Appetite altogether absent. This condition lasted five days, and it was feared the man would succumb and *exodus* take place. Then there appeared a change for the better. From this time the patient continued to improve, so that at the time of this writing, three weeks and two days after the operation, the wound is almost healed with the exception of two small surfaces, and these have a healthy granulated surface.

The existing flexion can be remedied by gradual and continued extension, so that the man can use his extremity as before, with the loss, however, of the Semimembranosus and long head of Biceps.

The tumor, soft and easily torn, was a round celled sarcoma in unison with a myxonea. A cut surface presented a slightly yellow, muciform, gelatinous substance inlaid in the sarcomatous tissue; this substance was prevalent in some parts of the tumor, while at others the sarcomatous tissue prevailed. Where fluctuation was perceived before extirpation, this gelatinous substance was so extensive as to form the "fluid" with the sarcomatous structure as "cyst wall."

The character of the tumor was diagnosticated with the aid of the microscope.

Vienna, July 3, 1869.

Book Notices.

THE HOMŒOPATHIC TREATMENT OF SYPHILIS, GONORRHŒA, SPERMATORRHŒA AND URINARY DISEASES. Compiled by J. PH. Berjeau, revised with numerous additions by J. H. P. Frost, M. D., Philadelphia. A. J. Tafel, 1870, pp. 256.

The above is the title of a volume edited by our friend Dr. Frost, and his portion of the work has been well done. But the plural unit, "WE," of the critique, the important *omnes solus* must always have a word to say. Although the work is only entitled "The Homœopathic Treatment of Syphilis," etc., yet

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it would have been better if a little more time had been spent and a little more space given to the description and nature of so grave a disorder. Thirteen lines and a half are not enough for the consideration of primary syphilis; or one page and three quarters to "constitutional, secondary and tertiary syhpilis." We are also of the decided opinion that syphilis does not immediately affect the organism, and that there are som chancres that do not require constitutional treatment at all. We believe in the chancroid, or soft chancre, and in the indurated variety of ulceration, and thinks that constitutional poisoning begins with the induration. In other words, we regard the duality of the virus as a truth discovered after long experience and attested by numerous facts.

The symptomatic indications and Dr. Frost's remarks are practical and well arranged, and show both labor and care, and we have no doubt that the book will do good; particularly if read or studied in connection with extended treatises upon the subject, as there are some indications for the selection of medicines which are not found elsewhere. We do not think that Cerebro-spinal-meningitis, Tabes dorsalis and other disorders treated of in the volume, should find a place in a work upon such specialty as Syphilis, etc., when there is such a wild field of research open which bears directly upon the subjects which form the title of the work. H.

THERAPEUTIC GUIDE: The most important results of more than forty years' practice, etc., etc. By Dr. G. H. G Jahr, Chevalier, etc. Translated, with notes and new remedies, by Chas. J. Hempel, M. D. New York, William Radde, 1869.

Forty years! A life time! He who reads Jahr's experience of forty years sees at once that his labor hath not been in vain. The book is full of clinical experience valuable to the young and to the old. It is the routine practice of a life time containing very valuable suggestions, practical details, and a vast amount of experience. If the student or young practitioner could obtain but a single work wherewith to practice, perhaps Jahr's would be the best, and he would cure a great majority of his cases. But there is rather too much generalization throughout the work; it reads rather like an Allopathic than a Homœo-

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pathic treatise on Therepeutics. Our higher dilution brethren must, and will, no doubt, repudiate much in the work, because it lacks the directions for the selection of appropriate medicines. They will want to know why such and such a medicine is given? However, to others, it will appear to be the best book of the kind extant.

Perhaps with a little more explicit directions regarding symptomatology, the work would be improved and rendered satisfactory to all. As it is, however, it will do us great good, and if in no other way, it will most certainly lead those Allopathic physicians who have a tendency to Homœopathy to make trial of our medicines and thereby test the efficacy of the (our) law of cure. H.

CHARACTERISTIC MATERIA MEDICA. By Dr. W. H. Burt.

Sallust has said that it is a difficult thing to write history, and so also might it be said that, it is a difficult thing to review a book.

Every author is entitled to a good deal of credit for his great labors, while those whose interests are to become involved in the results of such labors are entitled to attention and respect in the premises.

Dr. Burt's book of 460 pages is arranged under four different heads: First, he groups the remedies somewhat after the fashion of *Teste;* secondly, he treats of the groups in their general effect upon the economy; thirdly, he speaks of them in their special action on certain organs and tissues, and lastly, he gives the grand characteristics or key notes of each remedy separately.

In communicating a knowledge of the action of each group in general, and of each remedy in particular, as coming under the second and third heads, he takes great pains to present the subjects in a manner most captivating to those who make pathology the criterion of practice, and in this respect is very happy indeed, and not without interest, too; even to those who seek after the functional as well as the pathological. But while the gentleman is evidently prone to generalization and rationalism, he is at the same time fully aware of the importance of indi-

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vidualizing; for after commenting upon Aconite and Verat Vir., which he places in the same group, he winds up with the statement that "the action of the latter upon the great sympathetic differs widely from that of the former"—a fact which holds equally true in regard to every remedy in the Materia Medica, when compared one with another—individualization being absolutely necessary to the application of Hahnemann's great law of cure. When furnishing his own data for the selection and application of remedies, the writer is occasionally mistaken throughout the book; for instance, of Digitalis it is said that, "in all diseases for which Digitalis will be found useful, the heart will be found more or less involved." That is not the case. If the word *many* could have been substituted for the word "all," the statement would be much more reliable.

Again, when commenting on the use of sulphur at page 15, it is stated that, "a delay of six, twelve, or twenty-four *hours* may be required to realize its best results." The practitioner will find that if the interposition of sulphur is called for under the circumstances referred to, he will often have to wait as many *days* as the gentleman says hours, before recognizing the effect of that remedy; and for such a delay let the inexperienced physician be prepared.

The assertion of our worthy colleague in regard to the supposed similar action, one with another, of the various remedies in each group, will doubtless prove interesting, if not very useful to all; but in selecting the proper agent at the bed-side, they will be found to be of very little satisfaction.

But the great importance of Dr. Burt's book is to be found in another direction. For many years past, it has been the aim of the profession to adopt some measures by which the application of our ponderous Materia Medica might be facilitated; and the off-spring of this aim, is the system of characteristics or key-notes, now before the world. The importance of these key-notes cannot be over-rated; they are invaluable to those who know how to use them. Each one bears the same relation to the selection of the proper remedy, that the pathognomonic sign does to the making up of a diagnosis in pathology. (The doubtful diagnosis is made certain by the discovery of a leading pathog-

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nomonic, and so too, is the doubtful remedy made plain by the appearance of a leading characteristic.) Pathognomonic signs have always been the study of the diagnostitian in the Allopathic school, and henceforward will the study of characteristics or key-notes be the object of the diagnostitian of remedies.

But how shall the student get possession of these key-notes? This has seemed to be the great trouble. Up to the present time they have been scattered over the pages of the various journals of the country, and so divided in "Guernsey's Obstetrics" as to make them impossible of study except under certain heads. But now matters are very different; and the the long-wished-for end of seeing them all collected together in one work, under the names of the remedies to which they belong, has been pretty thoroughly accomplished by the indefatigable Burt, and are to be found in his "Characteristic Materia Medica." In this consists the great value of the book under consideration, and to those who desire to familiarize themselves with this key-note system, we would say, be not withont the book at any price.

PHELAN.

Western Homœopathic Observer.

ST. LOUIS, MO., OCTOBER, 1869.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Readers of the OBSERVER, will oblige the Editor if they will forward copies of local newspapers, or similar matters of importance to the profession, all such will be thankfully acknowledged.

☞ Physicians having changed their locations, or desiring to remove from one portion of the country to another, will please communicate with the Editor, that he may note the same. Records of marriages, and deaths of physicians, and other personal news will also be received and noticed.

☞ All exchanges, books and pamphlets must be addressed to the Editor, No. 1418 Washington Avenue.

Editorial.

A HEAVY BLOW.

"This was the most unkindest cut of all."—*Shaks.*

How many physicians of the old school are there at the present period existing on this mundane sphere? As Orozembo says to Pizarro, "Count the leaves of yonder forest!" We suppose the average duration of the professional lives of these

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medical philosophers may be estimated at fifteen years. How many times have these said professional gentlemen, during this period, prescribed *mercury* for the torpid livers of the afflicted human family who have fallen into their hands? This is a question which is about as difficult to answer as "How much nux vomica, by weight, can be detected in the sixty-one thousandth dilution?" However, we can be within bounds and reply to the former query, "certainly, millions of times!" No doubt the blue pills administered would pave the streets of London, and the calomel heaped together vie in proportions with the snow-capped summit of Mont Blanc; while the operations therefrom would exceed in commotion, frequency and quantity, the eruptions of Vesuvius and Popocatepetl. Shall we tell these gentlemen that every dose of mercury they have administered for torpid liver, or "to *act* on the bile, has been prescribed (ignorantly, to be sure,) homœopathically? That they, unknown to themselves, were departing from their formula, *contraria contrariis*, and were following the law of Hahnemann? Shall we say, while the shade of dissolute old Paracelcus laughs in our ear and whispers his old maxim "*contraria contrariis curantur* has never been true in medicine," that mercury given in a state of health sufficiently to produce purgation, *diminishes* the secretion of bile, and that whenever the livers of the human race become torpid *from disease*, that this great medicine, acting upon the principal of similars, restores the function of the gland? And that the Homœopathic law of cure thus is being, and has been distinctly followed whenever the "*Argentum vivum*" has been administered for such purpose; in truth, in this case, the old philosopher's maxim, "*iners malorum remedium ignorantia* may be very applicable. Yet all this is true, and we can back up our assertions by the words and works of the acknowledged leaders of their school; their great "head centres." Mercury is not a cholagogue in a state of health. It *acts* on the liver, but by *arresting* the secretion of bile. Given *in diseases in which the biliary secretion has been arrested* it restores it, *similia similibus*!! The holy horror by which the fact will be regarded by many, can only be equalled by that occasioned by the acknowledgment of the

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Homœopathic system by the crowned heads of Europe. But let us be more explicit, and come to the actual facts in the case:

In the year 1866, Dr. Hughes Bennett, Professor of the Institutes of Medicine and Physiology in the University of Edinburg, delivered the annual address to the British Medical Association, in the which certain suggestions relating to this action of Mercury, Podophillin and Taraxacum on the Biliary secretion, were considered so interesting and important, that a grant of money was voted to aid the Committee in establishing further researches. The first point they determined on, was, that no definite information concerning the amount of bile, could be obtained by merely an examination of the fæces, and that the only proper manner of ascertaining the quantity secreted was the establishment of biliary fistulæ, in living animals, by which bile might be collected from the gall bladder.

In examining the literature of the subject, which was dilligently investigated by Dr. Rogers, of St. Petersburg, the committee being further impressed with the fact above noted, that mere ocular inspection of the alvine discharges could give no definite idea concerning the quantity of the biliary secretion—concluded to perform certain experiments upon healthy dogs. These researches were carried on for over two years. Forty-one dogs were subjected to the operation of establishing biliary fistulæ, and of these, thirty-three cases were successful.

It will be necessary for us to give a condensed account of this most interesting report, which is, in our estimation, probably one which is destined to cause a great revolution in the treatment of hepatic and gastric disorders. This committee consisted of Dr. Bennett, as before said, Dr. Christison, Professor of Materia Medica; Dr. Maclagan, Professor Medical Jurisprudence, Dr. James Rodgers, St. Petersburg; Dr. W. Rutherford, Assistant to the Chair of Physiology; Dr. Gamage, Assistant to the Professor of Medical Jurisprudence; and Dr. Frasee, Assistant to the Professor of Materia Medica. The next point in the report gives a complete résumé of what has heretofore been done in the same field. HALLER, SCHWANN, BLENDLOT, NASSE, BIDDER and SCHMIDT, ARNOLD, SCOTT, DALTON, FLINT, KOLLIKER, MULLER, MOSLER, have all experimented, and carefully examined

the question and some have almost instituted regular *provings* of *Mercury*, Podophylline and Taraxacum to ascertain the action of these so-called colagogue medicines upon the healthy. Some of these experiments are highly interesting; for instance, those of Dr. Scott bear so forcibly upon the issue, that we cannot refrain from offering two or three of them for the careful consideration of our readers: On the 13th of June, at 3 o'clock, P. M., three grains of calomel were given to a dog. The daily average amount of bile secreted from the 11th to the 13th of June was 1960 grains. On the 14th, after the administration of the mercury, there was only 1358 grains secreted, showing a *diminution* of 602 grains in two days.

On the 16th of June, six grains of calomel were given at 11 o'clock A. M. The amount of bile collected on the morning of the 16th was 1639 grains; that on the morning of the 17th, *after* the administration of the mercury, was 518 grains, thus indicating a *diminution* of 1121 grains in twenty-four hours.

On the 3d of July, twelve grains of calomel were given at 4.30, P. M., which caused a diminution in the average daily quantity of secreted bile of 324 grains.

In the last trial, on July 7th, twelve grains of the *mild* chloride were given at 5.45 P. M. The daily average amount of bile being up to that time 2658 grains. On the 8th and 9th of July the average was 1724 grains, *showing an average diminution of* 934 *grains* in the daily average quantity of bile secreted *after* the administration of the calomel. These are most wonderful facts, and will stir the medical world—we mean the "*old*" medical world—to the center of its Allopathic heart. In the report before us there are also minute directions for the performance of the operation for Biliary Fistulæ, but our space forbids us entering upon the interesting topic. This is followed by directions for collecting the bile, and following this, an extensive and elaborate table, showing the constitutional effects of mercury on *six* dogs, three being *without* and three *with* biliary fistulæ, the object being to ascertain whether or not the existence of a biliary fistula affected the action of the mercurial; five of them were *completely salivated.* But we cannot extend

our observations further. The report occupies fifty-two closely printed pages, in the which are twenty-six tables of great importance. All we can do is to quote a few words from the "*conclusions regarding the cholagogue action of mercury*" which thus reads:

"The foregoing observations seem to us *clearly* to show that Pil. Hydrarg, calomel, corosive sublimate when given to dogs *in either small, gradually increased*, or in *large doses*, do NOT increase the biliary secretion; they do not even influence it so long as neither purgation nor impairment of health are produced, but *they diminish it*, as soon as they do either *or both*." The committee then proceed to answer the objection, that dogs and the human species are similarly acted upon, and state, "But have we any reason to conclude that in the present instance there exists such difference in the action of mercury as to prevent any inference being drawn from the dog, regarding man? All the *facts* with which we are acquainted, show that it is legitimate to infer that the action of mercury ought to be regarded as *similar* in both cases." We leave our readers to consider further the great importance of the subject which we have endeavored to introduce to their notice, with the words of a leader in the *British Medical Journal* for May 1869. The article reads thus, after remarking upon the wonderful nature of the discovery. "The refutation of a wide-spread error of this kind, is much *more* important than the establishment of a new truth, inasmuch as the mischief inflicted by the *universal assumption of a false rule of medical practice produces injury which it is impossible to estimate.*

"Whatever opinion, therefore, be held as to the value of mercurials in hepatic diseases, no one can doubt that, looking at their powerful effects on the human frame for good or for evil, the conclusions involved in tho Report, if correct, constitute an immense gain for medical knowledge." Amen! say we.

THE HOMŒOPATHIC DISPENSARY OF CINCINNATI.

This institution, we are pleased to see, is in a *live* condition, and the physician, Dr. J. A. Cloud, who has charge of the Dis-

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pensary, appears to be deeply interested in its welfare. The following is the report of a single month, and speaks well for its prosperity:

Number of cases remaining over from last month	46
Received during the month	76
Recovered during the month	67
Sent to hospital	5
Died	1
Remaining under treatment	49
Office patients	97
Out-door patients	25
Visits made	127
Prescriptions made	329
Medical cases attended	116
Surgical cases attended	6

The only item we could wish altered is the last. Instead of six cases of surgery we would have at least treble the number. But the world was not made in a day, neither can Homœopathic surgery be cultivated in a short period. Time will remedy these things.

SOCIETIES.

THE MEDICAL SOCIETY OF THE STATE OF NEW JERSEY.

The semi-annual meeting of the Homœopathic Medical Society of New Jersey was held yesterday afternoon, at the rooms of the Young Men's Christian Association, at which there were members present from all parts of the State.

The President, Dr. J. J. Youlin, of this city, occupied the chair, and Dr. L. Dennis, of Newark, acted as Secretary. Dr. Youlin opened the meeting with a short address, in which he stated that there are now about a hundred and fifty practicing Homœopathists in the State, and advocated the procuring of a charter from the Legislature.

The minutes of the annual meeting were read and approved.

Dr. I. T. Talbot, of Boston, was present and was welcomed by resolution and an invitation extended to take part in the proceedings. Dr. White, of Harlem, was also present, and was invited to participate in the proceeding.

The following members were elected: Drs. S. A, Jones, of Englewood; G. S. F. Pfeiffer, Camden; A. P. Macomer, Hackensack; S. E. Allen, Trenton; G. B. Durrie, Hackensack; N. C. Ricardo, Passaic; Wm. A. Bevin, Keyport; Eliphalet Nott, Paterson.

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Dr. Talbot, Secretary of the American Institute of Homœopathy, addressed the society on the duty of physicians attending the meetings of the Society and contributing to its workings, and he also gave some interesting reports of the progress of the American Institute.

Reports were received and disposed of from the board of practice, materia medica, surgery, obstetrics and on publications.

All the papers presented much erudition and research, and the friends of Homœopathy in the State may be assured that in the future they will reach a much higher standard than they have yet attained.

Committees were appointed to revise the constitution and by-laws; to procure a charter from the Legislature, and a resolution for the establishment of a bureau on Pharmacology was adopted.

Remarks pertaining to the interest and advancement of the Society were made by Dr. Pfeiffer and others; after which the gentlemen present were entertained at the residence of Dr. Youlin, and in the evening they attended the meeting of the State Medical Society of New York, at Cooper Institute.

THE FIFTH ANNUAL MEETING of the Wisconsin State Homœopathic Medical Society will be held in Milwaukee, on Wednesday October 6th, 1869, commencing at 10 o'clock, A. M.

Members and others attending the meeting will report at the office of Drs. Douglas & Perrine, 149, Wisconsin street.

H. B. DALE, M. D., *Cor. Sec'y.*

General News.

G. H. MORRILL. M. D., ST. LOUIS, EDITOR.

OPIUM SMOKING.—During the year 1867, 50,551 pounds of opium were imported into this country prepared for smoking, and since that time the use of the article has been steadily increasing.

PRIZE.—The Infant Protection Society of Lyons has offered a prize of 300 francs to the author of the best paper, concerning the influence of nursing on the body and mind of the mother. It is expected that by such articles, mothers may be encouraged to nurse their children.

SUTURES.—Dr. Milne, of Oswego, contends that the silk sutures are preferable to any other. He prepares them by putting the silk in molten white wax and allowing it to remain until completely saturated. On removal rub the wax from the surface to make it smooth, and then wind for use.

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SUICIDE.—Dr. Day, allopath, of Battle Creek, Michigan, recently convicted of producing abortion, was so dismayed at his prospect for the future, that he committed suicide by taking morphine.

MR. JOHN BULLOCK, of Bristol, R. I., has just completed his one hundredth year, and during that time has never drank a glass of alcoholic liquor nor used spectacles. He considers himself good for a number of years yet.

A YOUNG German recently lost his eyesight by swimming on his back with his spectacles on. The sun acted on the spectacles as on a burning glass.

ITCH.—Dr. Zimmerman, of Braunfels, thinks he has discovered a specific for this disease in the carbolate of soda. He employs it in solution, 160 to 320 grains of the salt in about seven ounces of water, this to be well rubbed into the affected parts thrice daily. There is no irritative erythema of any consequence from the frictions, and all cases, even the most inveterate ones, are completely cured in two or three days.

WORMS.—Dr. Dow, of Nashville. reports the case of a child ten months old who discharged over 1,500 worms in one week. The worms were principally lumbricoides. Some of them were thrown up from the stomach.

Dr. Ladelci, a Homœopathist, has been appointed Professor of Botany at Rome.

THE CAUSE OF HYDROPHOBIA.—Capello, the great Italian physician, contends that spontaneous hydrophobia has its origin in the unsatisfied necessities of the male animal for the female; the continued use of bones as a diet, owing to the phosphorus which they contain augmenting the desire. The veterinary School, of Lyons, asserts that dogs are more liable to madness during the cold than the hot weather, and that most of the cases occur in private houses, where exercise and intercourse with the female is more rigorously denied them.

INJECTION FOR PRESERVING THE CADAVER.—M. Devergie reports to the Academy of Medicine, Paris, that bodies injected with a mixture of one part of carbolic acid and three parts of glycerine, may be preserved several months without emitting any offensive odor.

LEAD PIPES FOR WATER.—Thinking it may be interesting to our readers to know the amount of lead which is absorbed by common spring water while passing through lead pipes, we give below the result of an analysis by Dr. C. L. Rodman, together with his opinion as to its effect upon the system:

The water submitted to me for examination was drawn in the middle of the day, and is the same which is used upon your table, and in the

preparation of your food. It contains little saline matter, and is free from organic impurities. Lead is easily detected. The quantity separated from one gallon has been weighed, and determined at one-fiftieth of a grain. Perhaps no one using the water will ever develop positive symptoms of poisoning. Cases of unusual and extreme susceptibility occasionally occur. Doubtless the continued introduction of lead into the system is injurious, though the quantity be too small to produce *characteristic* effects. I do not hesitate to pronounce against the use of water in which the presence of lead can be demonstrated.

IMPERFECT DEVELOPMENT.—Dr. Groux, a native of Hamburg, now practicing medicine in Brooklyn, N. Y., has no breast bone or sternum. The Doctor's person furnishes a fine opportunity for studying the action of the heart, and may serve to throw more light upon the different action of this important organ.

ANALYSIS OF THE MASSENA, OR ST. REGIS SPRING WATER, (By Prof. Mayer.)—At a temperature of 60-F. the specific gravity is 1. 0317 that of water 1.000.

When taken from the flasks the water is perfectly clear and exhales a strong odor of sulphuretted hydrogen. After exposure to the air for half a day, it shows a faint effervescence, small bubbles continuing for some time to rise to the surface, while a precipitation of sulphur occurs which disappears again after one day, when no more odor of sulphuretted Hydrogen is perceptible.

The water has a faintly acid reaction, which becomes stronger on evaporating a large quantity, but nearly disappears on evaporating to dryness.

The solid residue from 1000 parts at 350 F. is 3.38—from one (wine gallon, 198.$_{678}$ grains.

The following exhibit shows the composition of the solid and gaseous ingredients:

	A—In one Litre.		B—In one Gallon.	
Chloride of Sodium,	1.36795	Grammes,	79.792	Grains.
Chloride of Potassium,	0.00871	"	0.508	"
Chloride of Magnesium,	0.51308	"	29.927	"
Bromide of Magnesium,	0,01155	"	0.673	"
Bicarbonate of Lime,	0.08319	"	4.852	"
Bicarbonate of Iron,	0.00838	"	0.488	"
Sulphate of Lime	1.04116	"	60.931	"
Sulphate of Soda	0.06003	"	3.501	"
Phosphate of Soda,	0.02203	"	1.320	"
Hyposulphate of Soda,	0.07210	"	4.205	"
Sulphuret of Sodium,	0.02410	"	1.405	"
Silicate of Soda, and organic compounds,	0.19160	"	11.176	"
	3.40448		198.678	
Sulphuretted Hydrogen { a free	0.0155	Grammes,	22.373, c. c.	
Sulphuretted Hydrogen { b half combined,	0.0175	"		

Per Gallon, 5.307 Cubic Inches.

The above analysis shows that the waters of the spring are almost identical with those of the Spa, at Baden, and those of Eisseh in Germany.

The waters from this spring run in a copious stream from the fountain near the edge of the river bank. It is perfectly clear, cold and sparkling;

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it emits an odor of sulphuretted hydrogen gas, which is a little unpleasant at first, but after drinking for a few days, persons become very fond of it and prefer it to ordinary water.

The Massena waters have been used with eminent success in the cure of every description of cutaneous diseases, dyspepsia, diarrhœa, gravel, and other kidney difficulties, rheumatism, etc.

DRS. BEEBE and COOKE have resigned their professorships in the Hahnemann Medical College, Chicago.

AUSTIN FLINT, JR., of New York, has received from the French Academy, the prize for discoveries relative to the action of the liver.

ANOTHER VISIT FROM SIR HENRY HOLLAND.—Sir Henry Holland, Bart., the distinguished English physician, arrived in New York on the 3d inst., in the steamer Rhine, accompanied by his son, the Rev. Mr. Holland. Sir Henry has long held a leading position in the profession in London, and is well known to the profession everywhere as an author. He was physician to Queen Caroline, the unfortunate wife of George IV, and was one of the most prominent witnesses on her trial in 1820. In 1834 he married a daughter of Rev. Sidney Smith. He was somewhat noted as a traveler in his younger days, his narratives of travel in Albania, Thessaly and Greece, being frequently referred to by Lord Byron, and now, at the age of eighty-one, he intends making an extended tour through the western and northwestern portion of our continent, in which he will be accompanied by his son and Hon. William M. Evarts. At present Sir Henry and Mr. Holland are the guests of Mr. Thurlow Weed. On their arrival here cable telegrams afflicted the Rev. Mr H. with the intelligence that his son, nine years of age, was accidentally drowned the day after he left Southampton.

Sir Henry seems to be quite partial to our country. It is but a few years since he made us quite a long visit.

THE SEPTEMBER NUMBER of the *Medical Investigator* is most excellently gotten up, and contains a fund of information rarely found in a single issue of a medical periodical.

CORRIGENDA.—In the September issue, page 255, for "*in creating*" read "*increasing;*" page 257, for "*Allopathic*" read "*alcoholic;*" page 258, for "*Louse Root*" read "*Loose Wort.*"

DR. WM. TOD HELMUTH is expected to deliver a popular address on Homœopathy to the people of Jacksonville, Ill., on the evening of the 12th of October.

ANOTHER HOSPITAL.—The ladies of Philadelphia, under the direction of Mrs. J. Cook, are about to hold a fair for the purpose of raising $100,-

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000 for erecting and endowing a Homœopathic hospital in the city of Brotherly Love. Its *fair* to expect that *such* a *fair*, conducted by the *fair* sex should *fare* well."

BOOKS, PERIODICALS ETC.

Berjeau on Syphilis, edited by J. H. P. Frost.

A Review of C. J. Hempel's Circular No. 2, by A. J. Sawyer, of Monroe, Michigan.

Council of the College of Physicians and Surgeons of Ontario, Toronto.

The Practitioner; London, Aug. '69.

Bibliotheque Homœpathique; Paris, numbers for August.

The Drift of Modern Medicine, by Alfred C. Pope, M. D. London.

The Monthly Homœopathic Review; August.

The Homœopathic World; August.

Osteo Sarcoma of the Inferior Maxillary, etc., E. C. Franklin, M. D.

Medical Investigator; August.

New England Medical Gazette; August.

The Medical and Surgical Reporter; August and September numbers.

American Homœopathic Observer; September.

The American Journal of Homœopathic Materia Medica; August.

The Hahnemannian Monthly; August.

Missouri Dental Journal; August.

North American Journal of Homœopathy. Quarterly.

The Health Lift.

The Philadelphia University Journal of Medicine and Surgery; Aug.

The Homœopathic Sun; August.

Medical News and Library; August.

The Border Times. Three numbers.

The National Temperance Advocate.

Second Annual Announcement of the Cleveland Homœopathic Medical College for Women.

Together with many announcements and circulars of colleges and hospitals throughout the country.

DEFERRED ARTICLES.

Interesting papers have been received on "*Polypi of the Larynx;*" "*Aneurismal Varix;*" "*A Reply to Dr. Verdi's Paper on Pathology, vs. Symptomatology;*" "*Important Foreign Clinical Notes;*" "*Obstetrical Cases;*" "*Correspondence.*" We beg to thank our friends for their contributions, and assure them that they shall appear at the earliest moment.

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THE

Western Homœopathic Observer.

NOVEMBER, 1869.

Original Articles.

MEDICINE.

A REPLY TO "PATHOLOGY vs. SYMPTOMATOLOGY," BY T. S. VERDI, M. D." June and July numbers of Western Homœopathic Observer.

BY GEO. F. FOOTE, M. D,, OF BUFFALO, N. Y.

Under the above heading we are favored with an article from our Washington friend both suggestive and witty.

Suggestive that it significantly portrays the great prevailing mistake which many make, who think and write upon the same subject, viz: That to be a symptomatologist precludes the use of a knowledge of pathology, or, that to avail ourselves of characteristic symptoms, (Key Notes) we necessarily abjure a part or the whole of the group, that presents itself in each case.

Witty in the play upon sentences and facts, that forces a smile upon the reader; although in some places and with some readers, perhaps, at the expense of the writer.

The statement that pathology *vs.* symptomatology is an object of contention between high and low potency men, is an idea existing only in the mind of the author and others who believe there is no virtue in potentialized medicines.

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For many years I have been intimately associated with the so-called "high potency men—pure symptomatologists, all of whom find and acknowledge an efficacy in both the high and low potencies. And while all credit is given to the low, experience teaches them that more satisfactory results are obtained in many cases by a judicious use of the high, than can be hoped for with the low.

I have yet to see the physician of this class who does not acknowledge the advantage of a thorough pathological education, and who does not avail himself of the objective as well as of the subjective symptoms.

The facts are, the contention is all on one side; and with those only who are—in the effort to simplify the practice, by rejecting the subjective symptoms—treating the disease by its name rather than by its ultimating expression; selecting the remedies like the Allopathists, on general principles rather than by their specific effects.

They are the physicians(?) who repudiate symptomatology, and thereby fail in the selection of a proper remedy; and consequently fail in the cure, as is singularly represented in the case recorded by the writer to burlesque pure Hahnnemanism.

He ridicules the symptomatologists for being "a happy set of fellows," with such easy times, while those with their shell-bound pathological and exclusively low potency ideas, study so hard, "plunge into so many magazines, pamphlets, medical essays, etc., with less self-sufficiency," and, I may safely add, with less success.

Hard study does not aid in curing the sick unless it helps to knowledge which is available at the bed side.

The Allopathists have been studying for centuries with great zeal; sacrificing health, comfort, and even lives. Most laborious students, worthy a better result.

But *cui bono?* a small part only of all their gleanings give us any aid in curing diseases.

The misfortune is, they have been on the high seas without compass or chart, and, like our author in the management of the case reported, have been shipwrecked upon shoals and hidden rocks.

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The pure Hahnnemanian, though a diligent student from necessity, no doubt, "has an easier time." Having a system, no doubt, he attains his ends "with less labor," and with satisfactory results. No doubt, "his conscience is quiet." Then again, having comparatively less donbt about the cure of his patient, he has all confidence in his remedies. He can prescribe and dares to wait.

He collects and groups the symptoms of his patient, both objective and subjective, which, with his knowledge of pathology give him a clear picture of the case. These point to a similar group found in the pathogenetic and clinical record of some medicine, the giving of which, *cæteris paribus*, insures the cure, as certain as the symptoms of both correspond.

The pure physiologist, on the other hand, professes to treat his patients "upon general principles." He generalizes the diseases and gives them names: He classifies and generalizes medicines and tries to adapt them to the names of diseases.

But the symptomatologist believes that all generals are made up of particulars, and to understand the former involves an intimate knowledge of the latter. And while he does not object to a name, he only knows the disease by its symptoms, objective and subjective; and the more minute and particular these are obtained, the more perfect the group, and the better can he select the curative remedy.

But let us look at the case cited which was to have been so "boorish to those who adopt the key-note system." The "facts;" "disagreeable facts," that were to knock the *understanding* from beneath all symptomatologists, and annihilate the teachings of Hahnemann.

The patient. a Miss, aged twenty-one, dark hair and eyes skin fair, with a smooth red eruption. Face a mass of eruption.

Pain in the right side of the abdomen, running down the thigh and leg to the foot; generally dull, sometimes acute and sharp. Aggravated by standing or walking a long time.

Fœces irregular; constipation followed by sudden diarrhœa, with five or six stools within an hour, which are repeated in like manner after an interval of one or two days.

Appetite variable; keen, and then poor. Food often dis-

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tresses, with fullness at the stomach and flatulence in the bowels.

Menses irregular; delaying several days or anticipating.

Urine changeable. At times normal, at other times loaded with mucous, evaporating into translucent scales or red sand. Worse after an attack of pain. During the pain, profuse and light; after the pain, becomes loaded with mucous and deposits a sediment. At times, spasmodic retention of the urine, passing in drops with excrutiating pain.

Head feels weak and giddy at times. Frightful dreams with night mare. Growing weak and indolent daily, and finally an aversion to cats. Can feel their presence in a room without seeing them.

Here is a picture of the case given, which our learned doctor attempts, (after his manner), to cure in accordance with the rules governing the symtomatologist. His first prescription is sac. lac. Certainly this was *secundum artem*, and the time gained should have led to the selection of a proper remedy. But it was spent in "wearying his head and strength without satisfaction." "New books, old books, magazines, medical essays were perused for new light, more light, and extra light, while his thoughts went through an elaborate cellular action; physical agencies, inherent power, toxological effects, natural functions, pure morbid symptoms of the *vis medicatrix naturæ*, imaginary symptoms, etc." And "after thinking a great deal over the case, he comes to the conclusion that there was a tumor pressing upon some part of the abdomen.

This, the reader will observe, took four days. A good symptomatologist would have suspected, and no doubt have found it the *first* day. Another two weeks spent, (perhaps in more hard study), and pressure with the digits on different parts of the abdomen, wiih the aid of erudite pathological skill, points to Scybola. *And the discovery that the whole range of symptoms were sympathetic only.*"

Notwithstanding this pathological discovery, there was an "intense desire to relieve the patient with Homœopathic treatment pure."

Mow "pure Homœopathy," as understood by the "pure

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symptomatologist," is first, to select a remedy, the pathogenetic symptoms of which correspond to the symptoms of the disease. Second, to give it in the least possible quantities that will produce an impression upon the system. Third, never to repeat or change the remedy as long as the curative action of the first dose continues.

The medicines selected in the case were "*Nuv. V., Graph, Op. Plumb,* etc., etc., given high and low, *carefully for a sufficient time; but no results.*"

But why no results? Simply, because in the selection of the four remedies mentioned, (the two etcs. not included), the very first rule, as given above, is violated. Their pathogenetic or clinical symptoms, do not correspond to the group of symptoms as given by the patient, all of which goes to prove that a great amount of pathological learning without symptomatology may leave us quite in the dark as to the curative drug.

And now, forsooth, this careful administration of Homœopathy(?) is laid aside and pathology assumes the prerogative. "A bold treatment" was commenced, viz: "a system of copious and solvent enemata;" This, with the Homœopathic pure(?) treatment first given, continued at least six months. Patient growing "*terribly worse.*" Two months are now passed in taking twenty-four bottles of sweet oil without benefit. And now she is sent to Dr. Baxter, U. S. A., who puts her under systematic applications of dissolvent enemas and with a simple milk diet. No solids, no cathartics, and *only small* doses of Stramonium or Hyosciamus per rectum, to quiet pain or nervousness; with cups and blistering, and the galvanic battery. Three months more, and in the time the patient "passed 327 lumps clayish and hard." "The tumor in the side is greatly diminished, and *she hopes the last remnant will soon pass off.*" "The sympathetic symptoms all disappeared. The skin was clear but the patient *was very weak,* but gaining.

Here the history of the case ceases and I fully accord to the fact expressed by the writer, that the case does not throw much credit on him. And, I might add, none to the school of therapeutics he advocates.

The unwritten future of the patient I will venture to prog-

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nosticate, if she continues to live—viz: a return of all the old troubles in an aggravated form or a metastasis of the disease to some equally vital organ with great suffering and an untimely end.

The great mistake, great and lamentable; the mistake that the Allopathists as well as our author makes, is in taking a single expression of a disease for the disease itself. Hence, in the case referred to, he finds what would seem to be Scybala, and *assumes this to be the cause of the suffering*, and says "all the other symptoms are sympathetic.

Now the facts are, the Scybala was but one of the expres sions of some vital disturbance—an objective symptom, if you please—which, when joined to all the others, helped to make up the group of symptoms which the pure symptomatologist would have made available in selecting the proper remedy. And it would have been a remedy with a dynamic power equal to the emergency; the specific effects of which would manifest itself through the diseased tissues up to the first cause existing in the vital forces.

The removing of Scybala by "a systematic application of dissolving enemata" does not reach the cause of the disease, therefore does not cure it.

That it did not reach the cause is made manifest by the fact that they were continually forming while being washed away. Three hundred and twenty-seven lumps, some as large as an English walnut, were passed within three months. Of course these did not exist in such quantities at any one time, especially at the commencing of the treatment, if we can rely upon the writer's measurement of the tumor, or the patient's statement, that she was "as flat as a board."

And now, with all due modesty, I propose to accept the challenge, and venture the selection of a medicine which I feel certain, *cæteris paribus*, would have cured the patient, had it been given *a la* Hahnemann, with confidence, and I say with confidence, because the anti-symptomatologists having no faith in their own works, nor in Homœopathic medicines do not wait for a curative effect of single remedies, or of single doses. Hence, they repeat, or alternate, or pour down a multiple of

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medicines until the system is so surcharged with accumulated irritations, that it has no chance for a healthy reaction, no chance for a response to a well selected drug if given.

So far then, as we may judge of the case by the symptoms given, I should have selected for the

Head, which was weak and giddy, Lyc.

Sleep, with frightful dreams and nightmare, Lyc.

Face, with its mass of eruptions, Lyc.

Appetite, varying, very keen or very poor, Lyc.

Stomach, distressed by food and with fulness, Lyc.

Abdomen, with flatulence, and with a pain in the right side, dull or acute, extending down the thigh and leg, Lyc.

Stools, which were irregular, constipated and knotty, with diarrhœa, Lyc.

Urine, also irregular, light colored or turbid, with mucous, red sand deposits, spasmodic retention and bloody, Lyc.

Menses, anticipating or delaying the time of appearance, Lyc.

Mind, with aversion to cats, feeling their presence, (the writer's Key Note), Lyc.

See Sym. Codex where a remarkable correspondence of the symptoms will be found. Even the mental state held up to ridicule finds its counterpart expressed by "anxiousness, fearfulness, timidity, fear of phantoms, alarmed with imaginary sights, extremely sensitive, nervousness," etc.

Lycopodium, then, was the remedy for the case so far as understood, and a single dose of a high attenuation should have been given and allowed to operate undisturbed forty or fifty days, according to Hahnemann's directions.

Perhaps "a pure symptomatologist" might have found other symptoms of value, possibly another key note. He most certainly would have sought for the prior history of the case, with the early habits of the patient; the seasons of aggravation and amelioration, etc, all of which, if still pointing to Lyc, I should most certainly have expected this remedy to have reached the cause of the disease, which being done, the *vis medicatrix naturæ* would soon have disposed of the effects.

When the bowels assume a healthy tone, putting on the peristaltic and vermicular motions, with a due excretion of moisture

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and mucous, these lumps, in due time readily find their way to the proper outlet without the aid of "systematic application of dissolvent enemas."

And now a word about characteristic symptoms, *alias* key notes. Persons disposed to ridicule the use of these, should first learn their true worth and save some valuable(?) ammunition spent in shooting at imaginary game.

Characteristic symptoms are those of any drug, which have, by oft repeated clinical experience, proved themselves curative. Now as no one can commit to his memory for ready use but a few of the medicinal symptoms from our vast collection, the most prominent of those confirmed, are stored up in the memory as suggestive, prominent hints, pointing to remedies for more careful comparison, which, when confirmed and given, often prove to be the curative agent.

As, for example, we have a patient suffering, among other affections, with *unquenchable burning thirst.* This one symptom suggests aconite, and if the balance of the symptoms correspond it should be given.

But suppose, in addition to the burning thirst, the patient *drank often* with but *little at a time.* This is a characteristic symptom of arsenicum, which should be given, if on examination it is otherwise indicated.

Again, with great thirst, suppose the patient took large draughts of water, *but at long intervals.* This would point to Bryonia as a key note to be used as above. Now then, having these prominent symptoms of the drug, which experience has proven curative, in the memory; and as such symptoms must necessarily belong to the medicine to be given when they are equally prominent in the patient, it follows that the selection is made easy by reason of the fact that the number to select from is reduced to those containing these symptoms as characteristics. Hence their use.

Now this is all there is of the key note bug bear. No "pure symptomatologist," no "pure Hahnemannian," no "high potency man" has ever thought or suggested the use of these in any other way, and all this hue and cry about this imaginary pest is for naught. Indeed it is nothing new. Every earnest

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Homœopathist. from the days of Hahnemann to the present time, has been in the effort to store his mind with the most prominent pathogenetic symptoms and with their clinical results; using the knowledge thus obtained by himself and co-laborers as practical hints, characteristic symptoms, key notes, suggestives of the medicines for more careful comparisons.

But this complaining, coming as it does from the anti-symptomatologists and and low potency doctors, is but a comment upon their consistency; For the cry among them has ever been for epitomes, fewer pathogenetic symptoms, and for plans to lessen the labor in selecting remedies.

POISONING WITH CORALLIN.

Dr. Tardien, of Paris, presented the following history of poisoning:

In May 1868 he was consulted by a patient, a young man, aged twenty-three years, (free from struma on his body), for a very acute and painful vesicular eruption on both feet, which, on a superficial examination might be recognized as an Eczema, but a minute examination showed that the exanthem extended only as far as the feet were covered by the socks. The skin on these parts was greatly inflamed, swollen, and uniformly red, and especially on the *plantar pedis*, covered with innumerable large blisters (confluent) filled with a sero-purulent fluid. The patient complained of general malaise, had fever and pain in head and stomach. The Doctor ordered some emollients and gave some advice regarding the wearing of the shoes. The patient felt better after a few days, but it was three weeks until his feet were cured. The seat and the peculiar form of the eruption, caused the physician to consider, at the first examination, the application of a local nature, and thought at once of the socks, which were of red silk, and which the patient had worn a few days. No mineral poison could be detected at the first examination of the socks, but nevertheless the doctor was quite positive that these socks contained in the dyestuff, some

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violent irritant. Some time after, a second and analogous case presented itself to the Dr. T., a friend of the former patient, who also was wearing socks of the above mentioned make. And in September following, T. read of similar observations made by the professor of chemistry, Bidard, of Rouen. The socks came from England, were of a violet color, and had round, red stripes worked in them. The inflammation of the surface of the feet was exactly congruent with the silken stripes, and an examination showed that the violet color contained Anilin and the red, Corallin.

Immediately after this, Dr. T., in connection with Dr. Roussin, made a number of physiological experiments, in order to ascertain the effects of this toxical substance. A small portion of the extract of Corallin dissolved in water, was injected under the skin of the upper part of the thigh of a dog, a rabbit and a frog. The frog died in four hours, the dog in thirty-six, and the rabbit in fifty hours. The two latter animals had, till their last moments, excessive evacuations. These facts pointed directly to the poisonous property of the red dye-stuff. Not satisfied, however, with these results, and to produce stronger evidences upon this point, T. at once sent to the discoverer of Corallin, Persoy, who returned to him three specimens: first, entirely pure; second, red Corallin, as used in trade; and third, yellow Corallin. T. and B. began their experiments with the pure article, and obtained the following results:

A dog of middling size, when fifteen centigrammes of Corallin were injected under the skin, was, during the first two days, surly, depressed, without appetite, and had diarrhœa. On the third day he appeared to be better, but as the thigh—the injection point—became painful, the animal cried and walked lame. On the fourth day a second injection was made of twenty centigrammes, after which nearly the same symptoms as at the first time, were manifested, but with more severity, and three days following the dog died.

A rabbit was subjected to the same operation, with the same preparation, to ten centigrammes per dose; the animal died under the same circumstances as the dog, on the fourth day.

A frog died even earlier yet, after five centigrammes had been

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injected. The pathological condition of the organs of these poisoned animals, were of great interest. At the injected point, a violent inflammation of the cellular tissue, with purulent infiltration, was observable, the stomach was healthy, the intestinal canal was filled enormously with diarrhœic excrement, and showed signs of an intense inflammation of the mucous membrane. The liver was, in all cases, in a state of fatty degeneration. But the most substantial sign of the poisoning was found in the lungs of the dog, and more so in that of the rabbit. The surface of the lungs exhibited *a uniform scarlet red color*, so that the lobular division, and vessels were obliterated. By means of an ingenious chemical process, Dr. Roussin was enabled to extract from the lungs and liver, the Corallin, and dyed some silk with it.

Dr. T. considers the Corallin as one of the most violent irritating poisons, which should be entirely banished from the industrial pursuits. In conclusion, T. calls attention to the fact that this dye-stuff is the first poisonous one known, as belonging to the organic class, while other poisonous dye-stuffs, as arsenic, lead, etc., are inorganic bodies.

Surgery.

L. H. WILLARD, M. D., EDITOR.

POLYPUS OF THE LEFT TRUE VOCAL CORD.

BY A. E. REISS, M. D., VIENNA, AUSTRIA.

H. R. appeared on the 10th of July '69, at the ambulatorium of this place for disease of the larynx, with an affection of the throat of two years standing.

Some twenty-four months ago, the patient, for the first time, perceived that his organs of speech were not performing their functions with their accustomed ease. Without being able to assign it to any cause, hoarseness made its appearance. This came on gradually and kept increasing

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steadily. During damp and wet weather, there was generally an exacerbation, but not so as a rule. It would again cease with a change of the weather; not to an extent, however, to leave he patient perfectly free from his trouble. There was always more or less hoarseness present, which continued to progress with an almost mathematical exactness.

Tne patient wandered from physician to physician, was treated by each for chronic catarrh. Their efforts to restore health remained useless. For some two months past, only at times, while coughing or forcibly hawking, speech became impaired suddenly and continued so until a forcible inspiration was made, after which the usual condition of things manifested.

Being asked to make a diagnosis, I proceeded to do so. Upon examination, nothing abnormal was to be seen in the buccal cavity; the same was the case of the pharynx. Then, having placed the man in the proper position, I examined the vocal box *per* larynyoscope and found the following:

As a whole, the larynx was large. The epiglottis was normal, but its structure and position were of such a physiological nature, as is not seldom found, which condition, (the peculiarities of which we shall later learn, when speaking of this organ and the obstacles it brought forth), presented difficulties for the operator.

During natural, unforced respiration, nothing abnormal was to be seen in the structures seen by the glass. All that was visible of the true vocal chords, was of a pretty white color as found in a healthy state.

The anterior three-eighths of the vocal cords could not be seen during ordinary respiration, on account of the attached part of the epiglottis, as well as on account of the great degree in which the structure inclined backward.

When made to repeat the letter A, long continued and several times in succession, it was impossible to have a much greater field before you, than previously when merely respiring. Thus far, nothing pathological was to be seen; no catarrh, no ulcer; with the exception of the fact, that the visible part of the rima-glottidis was notequally closed, (during the articulations) in front as behind, an equality, as is well known, being the condition in health. It was evidently not the result of paralysis, for the

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muscles answered immediately to the will, and the manner in which the fore part of the visible segment remained open, pointed to a mechanical cause, this being the more probable, as polypi appear almost exclusively in the anterior half of the larynx. The *crico-arytænoidei postici*, the only dilators of the rima, were also performing their function in an unimpaired manner, for under the natural stimulus the rima opened without hindrance.

Now the patient was made to pronounce E, with a high pitch, otherwise in the same manner as A, whereby the epiglottis was raised more perpendicularly than heretofore, and consequently the field to be seen in the glass was more extensive in front than formerly. At this stage of the examination, something presented which evidently was at enmity with a healthy state of things, viz: a tumor was attached to the anterior fourth of the less true vocal cord as its free border, where it assists in forming the left boundary of the rima-glottidis. With the manoeuvers thus far made, all of the growth could not be seen; to effect this, other movements of the larynx had yet to be gone through by the patient. However, the picture presented at this part of the examination, was sufficient to give an explanation, a cause for the symptoms of the case, as also enough whereupon to build a diagnosis.

The question now to be answered, was to know whether there was a large, broad and short pedicle; or one thin and long or, if in fact, there was anything to justify the application of the name pedicle, as also, last but not least, the size of the growth? These particulars were of importance as regards the ease of the operator.

To obtain the assurance of the reality of one or other of the above named probabilities, the patient was made to give a forcible expiration, and after this, leaving a short interval between the two, a forcible inspiration. During the expiration the growth was thrown upward and wedged in, as it were, between both true vocal cords. The tumor was uneven upon its free surface, and by means of one of these elevators, there was a mechanical predisposition given to it to remain resting upon the cord opposite the one to which it was attached, not

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allowing it to return into its pendant position, when once thrown up by a cough or forcible expiration, until a strong inspiration, drew it back into the customary position. This formation and style of attachment of the growth fully explains one of the prominent symptoms, already alluded to.

The body of the tumor was to be seen at its attachment above, the extent of the latter below was only to be conjectured, from the comparative ease with which the pedicle allowed the movements up and down.

Now it was clear why this chronic catarrh had withstood all of the local application, (to the outside of the neck, of course), as also the host of internal remedies prescribed, and would in all probability do so in future. Removal of the *materia peccans*, seemed not only indicated, but also the only relief-bringing method. Having laid clear before the patient the *pro* and *con* he agreed to submit to the operation.

To this end it was necessary to train the man to bear a foreign body, not only touching, but remaining in contact with the delicate and irritable mucous membrane of the larynx. This pleasant duty was given me to carry into effect. I took a flexible larnygeal catheter, gave it the curve I thought proper (before introducing) to allow it to be brought in contact with the growth. After several attempts and some changes of the curve, I succeeded in bringing the point of the catheter in contact with the object in question.

The first attempts at touching the growth, even when successfully avoiding contact with the mucous membranc on the passage thither, were invariably followed by immediate closure of the larynx upon the catheter, and also by coughing.

At times it was possible for the catheter to reach the upper part of the tumor without touching the mucous membrane on the way thither, but just at the moment when coming in contact with the parts diseased, closure of the larynx and cough were brought about. This was the case for some three days; at he expiration of which, the man began to be somewhat accusttomed to the irritation, at least, for a moment. A week from the time he was first trained, it was decided to operate, as the day before he could bear contact with the catheter quite well.

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In addition to this preparatory treatment, the larynx was placed under the influence of local anæsthesia in the morning, so as to fit the patient for the operation, which should take place just before noon. An instrument for the purpose, with a brush at its end, having received the proper curve, (the same as of the training catheter), was dipped into chloroform and at intervals applied to the larynx, and as much as possible to its anterior half. Then later the same instrument was dipped into a solution of one in twelve, and applied in the same way. When the anæsthesia was thought sufficient, (for which no definite rule can be laid down), the operation began. Suffice it to say, the man felt somewhat sleepy.

Through the kindness of the first assistant, as I had trained the man, I was allowed to begin the operation and finish *if possible*, for it has happened to the most skillful laryngoscopical operators, that they were hours before getting such hold of a polypus as to allow them to remove it with safety to the patient.

The instrument used for the operation was a "Polypen Quetscher," (polypus compressor). The mechanism is quite simple. At the end there are two small blades, one above the other, whose surfaces, facing each other, are rough; small pyramids arise out of each respective blade, the apex of one pyramid fitting into the apex of the triangular space between two pyramids of the other side. The working of the instrument consists in this, that by a motion of the fore finger forward, the lower blade is separated from the overgoing one. Now when the base or pedicle of a tumor is brought between the two blades, the reverse motion as just made, and with the same finger, will draw upward the lower blade and compress the attachment of a growth against the upper blade, so that it will constrict the soft tissue that may have been thus placed between the jaws of the compressor.

As these tumors, as a rule, are not very large nor hard in structure, when once gotten fairly hold of, it is not difficult to constrict their attachment, the instrument acting upon the principle of an ecraseur.

The instrument having received the proper curve, (same as of the catheter), I introduced it into the larynx, and after

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several unsuccessful attempts at getting fairly hold of the pedicle, I withdrew it, and in turn the first Assistant tried to remove it. He was as unsuccessful. The difficulties were the following:

First, Anæsthesia was not sufficient.

Second, The epiglottis was more than ordinarily developed at its attachment.

Third, The diameter of the instrument was greater than that of the catheter, therefore, under the present circumstances it caused an undue irritation of the larynx, thereby inviting its closure upon the instrument; this almost always happening, (as fortune would have it), when about to seize the base of the tumor between the blades. The excitement of the patient, knowing the operaiton was taking place, and the sight of the unaccustomed instrument, assisted in bringing this about, even if the diameter of the new instrument had not proved the greater power of irritation.

To do this (seize the tumor,) it was necessary to bring the lower blade below the rima glottidis, into the trachea, then again to raise it up under the base, at the same time securely fastening the latter. These were not the greatest difficulties.

Fourth, The epiglottis was in the way, obstructing vision. This was the principal barrier against an otherwise easily performed operation. The epiglottis was leaning backward in a more than ordinary degree, thereby covering just that part of the larynx which most needed to be seen, viz: that whereupon the tumor was attached. Had it not been necessary to go below the rima glottidis and return again—for these movements it required to be open—the operation could have been made much more easily. Had, for instance, the growth been fast to the upper surface of the vocal cord it would have been necessary to close the rima in order to have the cord present. The same sound given in a high pitch, that would have produced closure of the rima glottidis, would in addition have raised the epiglottis, consequently would have presented the picture of the case, thereby making it possible to seize the tumor quickly and at the same time being able to make traction properly.

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In this case however, it was absolutely necessary to have the rima glottidis as widely open as possible, to allow the lower blade of the instrument to pass through it into the trachea, and to again raise it and seize the desired object; therefore, you could not let the articulation of those sounds take place which would raise the epiglottis, for in that case you would effect closure of the rima, a condition just the reverse of the one desired. The only way to keep the rima open regularly, was by allowing the patient to breathe naturally.

I again tried to effect a result, went down to the tumor with the instrument and as carefully as possible noted the place just where the epiglottis touched it. At this point I made a bend in the instrument, the convexity of which was turned against the posterior surface of the epiglottis. The object in doing this was, that when the blades of the instrument were down at the rima glottidis, and just before separating them and sending the lower one into the trachea, the convexity made in the instrument at the epiglottis should serve to push forward this structure, thereby making it possible to see.

The result was not that desired, for instead of being pushed forward, the epiglottis enfolded the instrument with its free borders, embracing it on three sides. After wasting much of my own and the patient's patience, I finally succeeded in getting hold of part of the base, after the above manner. Then the patient closed the larynx, worked so strongly with his laryngeal muscles that my hand could well feel the motions conveyed it by the instrument. Of course I had the latter in my hand all the while. It was the intention to wait a short time and see whether this would not subside, so that I could then go on, and by proper manœuvre arrive at the result.

This was not the case, I was compelled to let go my hold, (for the patient's safety), go down with both blades into the trachea and there close them and bring out the instrument. In doing this of course I was solely guided by feeling. It was now clear that we must secure and become master of the epiglottis. This was arrived at by piercing that cartilage with an instrument, (made for the special purpose), at the same time

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passing a double-twisted waxed thread through it, to govern its position.

Here a trivial obstacle presented, the curve made by the upper free extremity of the epiglottis was so wide, that with the instrument alone, it was not possible to pass a thread throught it; to this end, I pressed the free border against the instrument of the operator, thereby assisting him in arriving at the desired result

The first Assistant now introduced the instrument, while I held the bound epiglottis forward and upward, so that in a short time he had the tumor at its pedicle, for now all could be well seen. He compressed the pedicle with a firm and strong force, made some careful, slowly undulating movements and brought out the tumor, hanging fast to the instrument by means of a few shreds of pathological tissue.

All of the growth was now removed from the cord excepting a few shreds, to which I applied caustic with an instrument which perfectly enclosed it, thus preventing the caustic from doing damage. Arriving at the point where I desired to cauterize, I freed the substance from its protection by a movement of the forefinger, did what was needed, again covered the caustic by making a reverse motion with the same fingers, and withdrew the instrument. In due time, also, the gubernator of the epiglottis was removed, *id est* the thread.

After the operation the parts were irritated and injected. It could not be otherwise. Voice was much clearer than before the operation, although hoarseness was still remaining. As was expected.

The next day the hoarseness had not abated, although the injected vessels of the mucous membrane looked not so angry as the day before. The eschars of the shreds were all to be seen. There was an inflamed circle around the puncture of the epiglottis. The puncture itself was not to be seen, as the loose mucous membrane had covered it.

Second day as the first, only the general appearances were better.

Third day, hoarseness the same. The larynx almost normal looking. The color of the mucous membrane almost as in

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health. There was no feeling of discomfort in the larynx as formerly.

Fourth day, all parts look better than the previous day Hoarseness began to abate and continued so in proportion as the eschars fell away. Ten days afrer the operation, the voice was almost as clear and distinct as formerly when in health; so sayeth the man.

RHODODENDRON IN HYDROCELE AND OVARIAN CYSTS.

Dr. Ozanam, (*Bulletin de la Soc. Med. April* 15, '69,) cites a number of cases, where he employed *Rhodo.* A boy, aged 1½ years, suffered from hydrocele, *Rhodo.* 6 potency, internally and locally, compresses saturated with a solution of the same medicine, removed the difficulty in one month. After ten days treatment a marked diminution was observed.

A boy six years of age had already two attacks of hydrocele, the first about two years ago. This patient was cured with *Rhodo.* in one month. A year and a half after, he had another attack, caused by a long ride upon a donkey. The parents did not call for advice until three months after the attack; *Rhodo* internal and locally produced a speedy cure.

In several cases of long standing, one of forty years duration, the improvement was more tardy, yet the enlargement has been reduced to half its former size. The cases are yet under treatment.

Ozanam's observation led him to the conclusion that *Rhodo.* not alone manifests very positive action upon the tunics of the testicles in the male, but also upon the ovaries of the female, and, perhaps, also upon the fibrous and muscular tissue of these organs. Very massive doses might even produce a rupture.

Fistula Lacrymalis.—A girl, aged eleven years, was brought to Dr. Kirsch with a fistula lacrymalis. The patient was ordered *Puls.*, on Aug. 13th, (no potency stated). Sept. 5th, *Calcarea carb.* 40. The fistula was somewhat diminished. Oct

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25th, *Silic.* 100. The fistula reappeared again as before. Dec. 6th, *Petrol.* (no potency stated). Jan. 21st, fistula as at last report, and *Calc. carb.* 40 was ordered. March 6th, *Petrol* 30th. April 19th, *Silic.* 30th. June 6th, *Calc. carb.* 30th. The latter part of this month, the Doctor received a letter stating that the fistula had healed entirely, and that the child was as well as ever, and has continued so to this date, seven years after the treatment.

DR. KIRSCH, SR.

Obstetrics.

LABOR COMPLICATED WITH UTERINE TUMOR.

Mrs. McG., aged thirty, Primipara, was taken with labor on night of 27th of June, when I was sent for. Upon examination I found the abdomen unusually large; the right upper angle of the uterus seemed to be divided into two parts by a sulcus, the smaller portion feeling like a globular tumor, larger than a fœtal head, the pains appearing to be spurious. I left *Pulsatilla* 3d to be given every two hours, and told the family I suspected a twin pregnancy. Upon my visit next morning I found the pains had ceased and my patient pretty comfortable. On the afternoon of the 30th I was again sent for, found her in labor, which went on regularly, increasing in strength. At 4:30 A. M., head being at lower strait, soft parts well dilated, the patient complained of exhaustion and begged to be delivered. I applied forceps, and delivered her of a live healthy child. The child being removed, and the uterine tumor not diminished in size, I proceeded to examine for a second fœtus. Upon passing my hand I found the placenta loose in the vagina (a thing I have never seen in twin cases), removing the placenta, I passed my hand up into the womb and found at the upper right position, the uterus contracted around the tumor, similar to an hour glass contraction. After endeavoring to dilate it, I found it impossible, ceased my efforts, and was therefore unable to

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examine the character of the tumor. There being no loss of blood beyond the normal quantity, I applied the abdominal bandage, administered a dose of Ergot and left my patient.

She recovered well, with little lochial discharge. No sloughing of the tumor even took place. The only inconvenience she had, was having to lie always on the back; any change to the side producing pain, caused, she stated, by feeling the lump fall to the side on which she turned.

Making inquiry into her history, she stated that she had always been very large as a girl, so much so, that before her marriage, very uncharitable remarks had been made about her; suggestions of pregnancy, etc. That early in her pregnancy, the abdomen was very large, so that her friends thought she was on the eve of confinement. About two weeks after the birth of her child I put her on Bromide of Potash, which she has been taking until now, without making any impression on the tumor. She now presents the appearance of a person far advanced in pregnancy, but is active, and can attend to her occupations without inconvenience, with the aid of an abdominal supporter.

This is the second case of abdominal tumor I have met with in twenty years practice. In the first case I attended, some years since, I feared there would be some hemorrhage, for I thought the uterus could not contract sufficiently to occlude the uterine veins, but in neither of the two cases did it occur.

The tumor I judge to be a fibroid, as she never suffered with hemorrhage at her menstrual periods, or between intervals.

I send you the case, as interesting in itself, and as such cases may be of advantage to younger members of the profession, who may be so situated as to be unable to take the advice of elders.

In a letter some months back, I stated my belief in the necessity of obstetricians having different forceps at hand. I have recently had a case of pimipara, thirty-six years of age, in which it became necessary to deliver with forceps, or by that horrible alternative, craniotomy. I applied successively, two pair of forceps of modern date, and was unable to move the head. Happening a few weeks before to have purchased a pair

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of long Baudelocques of very massive proportions). I applied them at last, and with my foot against the side of the bed, and with the exertion of all my strength, I succeeded in delivering a live child, (weight twelve pounds), and had the satisfaction of seeing the mother recover well.

Western Homœopathic Observer.

ST. LOUIS, MO., NOVEMBER, 1869.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Readers of the OBSERVER, will oblige the Editor if they will forward copies of local newspapers, or similar matters of importance to the profession, all such will be thankfully acknowledged.

☞ Physicians having changed their locations, or desiring to remove from one portion of the country to another, will please communicate with the Editor, that he may note the same. Records of marriages, and deaths of physicians, and other personal news will also be received and noticed.

☞ All exchanges, books and pamphlets must be addressed to the Editor, No. 1418 Washington Avenue.

Editorial.

THE GRAM MONUMENT.

The Homœopathic Medical Society of the State of New York has inaugurated a movement which cannot fail to receive the hearty approval of every adherent and friend of Homœopathy in this country, having for its object the erection of a monument commemorative of the late Dr. Gram, the earliest pioneer and practitioner of the system in America.

At the recent semi-annual meeting of the Society in New York, the proposition was warmly advocated, and an efficient committee was appointed to carry it into effect. Considering the object as one of national, rather than of local interest, a number of well known physicians in other States were placed upon the committee, all of whom have readily consented to serve in so good a cause. Wherever Homœopathy has gained a foothold, even in the most remote regions of our land, there will be some, who will gladly seize this as a fitting opportunity to express their gratitude to the system by helping to establish a memorial to its first practitioner in the United States.

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This learned physician and estimable man, although a Dane by parentage and education, was a native of this country, having been born in Boston in 1786.' While still in his minority, the death of his father—who had formerly been principal Secretary of the Danish West India government—rendered it nesessary for him to visit Denmark, where, under the care and by the aid of influential relatives, his classical and medical education were completed. Soon after his graduation he was appointed assistant surgeon to a large military hospital. Having, by successive promotions, attained the rank of surgeon, he resigned his connection with the hospital in 1814, and devoted himself to general practice in Copenhagen, with eminent success.

In 1825 he returned to the United States, thoroughly qualified by a liberal scholastic and professional training, extensive practical experience,'and an established reputation, for a successful career in a new field. To his other advantages were added a knowledge of Homœopathy, to the truth of which he had become a thorough convert, and to the dissemination of which in his native land, and under more favorable auspices than could be hoped for in the old world, he determined to devote the remainder of his life.

Within a year after his arrival in New York, he published a translation of Hahnemann's "*Geist der Hom. Heil-Lehre*" (Spirit of the Homœopathic Art of Healing); but the entire neglect of it by the medical fraternity, to whom it was addressed, so disappointed and disheartened him that he published nothing further. In fact, some years passed before he became known to any extent among his professional colleagues in New York. In the small circle of those who were attracted to him and learned from his teachings the foundation principles of the beneficent medical reformation which he modestly, but unshrinkingly professed, were such choice spirits as Gray, Wilson, Channing and Hull, since known and honored among us as worthy master-builders of the noble superstructure.

He lived, however, to see the system, of which for a time he was the sole American representative, firmly planted, not only in New York, but in many other cities and towns, and steadily gathering new adherents in the ranks of the profession, and

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gaining grateful and zealous friends among the most intelligent and cultivated of the public. His death occurred February 26th, 1840, fifteen years after his return to this country, at the age of fifty-four years.

"With learning, professional, scientific and literary, almost beyond a modern parallel, and with skill in his art which made him an indispensable blessing to all who knew him; with the soul of a sage and the heart of a Christian, what would he not have accomplished, what sum of private benefit and of general good would he not have created, could he have been spared in personal peace to the high and venerable sanctitude of a Hufeland, a Hahnemann, or a Blumenbach?"—*Hull's Homœopathic Examiner. Vol. I, p.* 102.

His remains have found peaceful sepulture in Greenwood cemetery, but his place of rest is unmarked by monumental stone. And though his record is such as no mere monumental fame can advance, yet from those who have received so much through him, it is fit that a testimonial should arise, whereon the conspicuous position which he held in the world of science should be duly perpetuated.

An appropriate circular which accompanies every number of this issue is addressed to all Homœopathic physicians, and will no doubt meet with a hearty response. It was lately presented to the physicians of the Central Illinois State Society, and received their hearty sanction and support, a committee being appointed to procure subscriptions and to extend its circulation. There can be no doubt of the success of the enterprise.

THE OVARIOTOMY SPONGE.

In the June and July number of the OBSERVER we mentioned the fact, that a sponge had been left by mistake in the abdomen of a patient who had been operated upon for ovarian tumor. The *Medical Gazette* charged the oversight upon Prof. Billroth,

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and we have seen the same mentioned in other periodicals. In the *Medical Archives* for October we find the following excellent letter on Hans Burch Gram, M.D., the pioneer of homœopathy in this country.

Dr. Gram was born in Boston, in 1786. His father, Hans Gram, son of a wealthy shipmaster of Copenhagen, was Private Secretary to the Governor of Saint Croix; but while on a visit to Boston, he married, and resigned his position as Secretary. Offended by this proceeding, his father disowned, but did not disinherit him, and he lived the remainder of his days in this city. The record of his Boston life is not very complete, and at the time when his oldest child, the subject of this memorial, was born, his exact residence is not known; but later we find him, an organist by profession, living first on Cambridge Street, and then on Common Street, where he died in 1803. Two years later the widow died, and the son went to Copenhagen to secure the large property which his father had inherited. In this he was but partially successful, obtaining only enough to give himself a superior education. He thus fitted himself for the companionship, which he afterwards enjoyed, of the most eminent literary and medical scholars of Denmark. In 1825 he returned to America, and thenceforth made New York his home. He was dependent for support upon his profession to which he was an ardent devotee. His superior qualifications and professional reputation commanded the respect and admiration of the leading physicians of New York, who considered him one of the most learned and skilful men in this country. He became a member, and afterwards President, of the New York Medical and Philosophical Society. There was no position in the profession which he might not have attained, but for his knowledge of and belief in the principles of homœopathy as promulgated by Hahnemann, and which he justly thought were destined to make a revolution and reformation in the medical art. Soon after coming to New York, he published a pamphlet of twenty-four pages, setting forth this new law of healing. At first, this only excited the ridicule of his associates, but as one prominent physician after another examined and adopted the new doctrine, the majority, alarmed at this sudden invasion of new ideas, and revolt from all their former teachings, changed from warm admirers and friends to most bitter, persistent, unscrupulous enemies and persecutors. For nearly fifteen years he lived a martyr to these relentless persecutions, and died in poverty Feb. 18, 1840. His friend and pupil John F. Gray, removed his remains from an obscure grave to his own lot in Greenwood Cemetery, Sept. 4, 1862.

fused over Europe, and even across the ocean, it must be inferred that Prof. Billroth's reputation as a surgeon has been greatly damaged.

"Inasmuch as the Austrian law awards no damages for slander of character and professional ability, Billroth could have had no other object for pressing his case before a court of law than to rectify his professional standing, and he has certainly chosen the most effectual remedy.

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"It is painful to contemplate these miserable bickerings within the ranks of a noble profession. Instead of helping each other, professional men but too often degrade themselves by unworthy means, and thereby bring disgrace upon the whole class." L. B.

BOYLSTON MEDICAL PRIZE QUESTIONS.

Not only as a matter of interest, but to incite some of our friends to compete for the above prizes. We publish here the questions for 1870. It would be quite an honor for some of our school to compete for the distinction; the pecuniary reward being, of course scarcely to be considered.

The Boylston Medical Committee, appointed by the President and Fellows of Harvard University, consists of the following physicians: John Jeffries, M. D., S. D. Townsend, M. D., J. B. S. Jackson, M. D., D. H. Storer, M. D., Chas. G. Putnam, M. D., Morrill Wyman, M. D., Henry J. Bigelow, M. D., Richard M. Hodges, M. D., Calvin Ellis, M. D.

At the annual meeting of the committee, it was voted that no dissertation on either of the subjects proposed for the year 1869 was considered worthy of a prize.

The following are the questions proposed for 1870:

1. The modern Pathology of Tumors.
2. Aphasia, or the relation of Brain to Speech.

The author of the best dissertation considered worthy of a prize, on either of the subjects proposed for 1870, will be entitled to a premium of two hundred dollars.

Dissertations on these subjects must be transmitted, post-paid, to John Jeffries, M. D., Boston, *on or before the first Wednesday in April*, 1870.

The following questions are proposed for 1871:

1. Criticisms on the opinion of a recent medical writer, that the less serious diseases of the ear may be successfully treated by a well-instructed general practitioner, and that the more serious affections are not amenable to treatment.

2. Recent advances in the Pathology and Treatment of Cutaneous Disease.

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Dissertations on these subjects must be transmitted as above, on or before the first Wednesday in April, 1871.

The author of the best dissertation on either of the subjects proposed for 1871, will be entitled to a premium of one hundred and fifty dollnrs.

Each dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within which shall be enclosed the author's name and residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

The writer of each dissertation is expected to transmit his communication to the President, John Jeffries, M. D., in a legible handwriting, and with the pages properly secured together, within the time specified.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, with the sealed packet unopened, if called for within one year after they have been received.

By an order adopted in 1826, the Secretary was directed to publish annually the following votes:

1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which premiums may be adjudged.

2d. That in case of publication of a successful dissertation, the author be considered as bound to print the above vote in connection therewith.

HENRY J. BIGELOW, *Secretary.*

Correspondence.

DOMESTIC.

A CALL FOR A SURGICAL JOURNAL.

Editor of the "Western Homœopathic Observer."

Why is it that *we* haqe no journal published expressly for the interest and advancement of surgery? Is it because we are

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better rooted than other schools, that we have no need of such a publication? I leave you to answer. There are many able representatives in the Homœopathic ranks who would willingly contribute to the columns of a practical surgical journal, and thus advance the art among us. Enough subscribers could be obtained to support an ably conducted surgical publication, and one should be started at once. The meager surgical reports we get in our medical journals at the present time will not satisfy any practitioner who wishes to keep posted. How often we hear it stated in the Allopathic ranks, "Homœopaths are not surgeons, they know nothing about surgery!" and if they judge by the scanty reports that are published, they may well pass such a judgment. This branch of medical literature has been sadly neglected, and if we would advance in the art of surgery, we must have a good journal devoted exclusively to this branch of medical science, and show to the world what we can and are doing, and thereby assert our claims. Let every surgeon in the ranks feel that he has a work to do for *our* cause and the cause of humanity in this direction. The material is abundant to make one of the best, if not *the* best, surgical journals in the country. Our success in surgery is established, but we must give it to the world. No practitioner wishes to take a score of publications every year to obtain as many, or perhaps a less number of surgical reports, because they go by the name of medical and surgical journals. Let us have a National Homœopathic Surgical publication containing all the cream of surgical literature, and let every Homœopathic practitioner throughout the length and breadth of our land subscribe for it, and not only subscribe, but work for its success.

Hundreds of Homœopathic physicians are taking the surgical literature of our opponents, because we have none, and they are, by so doing, helping to sustain their institutions, and are giving them a whip to flog us in return.

When shall we get our eyes open to our true interests?

Let us have a National Homœopathic Surgical Reporter, to commence as soon as January 1870, that will be a credit to the profession and our country.

R. C.

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General News.

G. H. MORRILL. M. D., ST. LOUIS, EDITOR.

AMONG the bequests of the late Philip March, of New Haven, is one of $146,000 to the Connecticut State Hospital.

THE Homœopathic Society of France is soon to open a hospital in Paris.

C. H. F. ROUTH, M. D., in speaking of some of the causes of unproductive marriages, gives the following as circumstances which tend to diminish the number of children: The power of producing is less among the upper classes. It diminishes with wealth, it is diminished by polygamy, by vitiated food, by preventive habits, and by consanguinity.

MECCA OIL has been very highly recommended as a remedy in the treatment of pulmonary consumption. Dose, ten to fifteen drops in a teaspoonfull of whisky four or five times a day.

CHILLBLAINS.—Bathe the parts two or three times a day with a solution of one ounce of alum to a pint of water.

USE OF OBSTETRIC INSTRUMENTS.—Dr. Thomas Lavage gives the following table as the result of his own experience in the use of forceps:

1864	out of	73	labors,	forceps	were	used	3	times,	or one in	24	1-2
1865	"	154	"	"	"	"	15	"	"	10	1-2
1866	"	173	"	"	"	"	18	"	"	9	2-3
1867	"	203	"	"	"	"	37	"	"	5	2-3
1868	"	204	"	"	"	"	31	"	"	6	2-3
		809					104				

Out of these there were five children stillborn and one death from puerperal fever. In none of these was there any ill effects from the use of the instruments, and he thinks that by their use he saved many who would otherwise have been stillborn.

THE first pharmacy under the direction of a woman has just been opened at Montpelier, France, by Madame Denmergne, bachelor of science.

PRECOCIOUS PUBERTY.—A. T. Braindage, of Factoryville, Pa., reports that a young girl under his care began to mensturate regularly at the age of eight years and one month.

THE HAIR SUDDENLY BECOMING GREY.—Surgeon Major Farny reports that on the 19th of February a prisoner being conducted before the proper authorities to undergo interrogatories, exhibited the following

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phenomena: On realizing the danger of his situation he trembled violently, terror and despair were depicted on his countenance, and in answering questions addressed to him he appeared stupefied with fear; then, under our eyes, and in the space of half an hour, his hair, which was a brilliant black, became grey on every part of his head.

CORNS.—The *Scientific American* says: Persons troubled with corns, will find great relief and sometimes absolute cure by the application of a slice of lemon to the affected parts, secured by a strip of cloth, on going to bed. We have tried it on a painful, hard old fellow, and found immediate relief.

FEMALE PHYSICIANS.—It seems that the objection to women practising medicine dates back to 1421, a petition being at that time presented to King Henry V, that "no woman use the practyse of fiysik under payne of long emprisonment.

WEEPING.—It is calculated that one female crying hard all night with a broken heart, will weep just one teaspoonful of salt and rain water.

HORSE MEAT.—Between April 1st and June 30th, six hundred and five horses were consumed by the hyppophagists in Paris.

NEW TEST FOR BLOOD STAINS.—An important test for blood has been discovered in Australia. It consists of the application of tinct of guaiacum and ozonized ether, which produces a beautiful blue tint with blood or blood stains. The test is excessively delicate. Mr. Bloxam reports that in a case of a blood stain twenty years old he had extracted a single linen fibre with a small amount of stain upon it, and the characteristic blue color was immediately induced by the test, and readily detected by microscopic examinations. Ozonized ether is merely a solution of peroxide of hydrogen in ether.

POISONING BY CAMPHOR.—From the *Journal of Chemistry* we take the following: A child of three and a half years, suffering from a mild fever, had an enema of five grammes of camphor suspended in yolk of egg administered to it. This was shortly followed by lividity of the face, vomiting, cold sweat, and convulsions, accompanied with insensibility and retention of urine. Coffee was given as an antidote, and after about ten hours recovery gradually took place.

THUYA OCCIDENTALIS.—The curative relation of that remedy to warts and to some forms of fungous granulations is very marked. In a case of very extensive soft warts occurring in a female, extending round the genitals and between the buttocks, the steady application of strong tincture of thuya cured the patient after, burning them with strong acid had failed to be of any service.—*Review.*

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MORTALITY of four northern cities, commencing January 1, 1869, and ending July 1, 1869. A period of six months:

Cincinnati,	with a population	of	230,000	inhabitants,	had	2,296 deaths.
Boston,	"	"	240,000	"	"	2,671 "
Chicago,	"	"	252,000	"	"	2,254 "
St. Louis,	"	"	240,000	"	"	2,186 "

These figures were obtained from the Clerks of the Boards of health of their respective cities.

During these six months	one in	89	of the population	died in	Boston,
" " "	"	100	"	"	Cincinnati.
" " "	"	110	"	"	St. Louis.
" " "	"	111	"	"	Chicago.

The mortality in these cities for the month of July, was as follows:

Boston	542
Chicago	815
St. Louis	734
Cincinnati	412

STILL LARGER.—A few months ago we reported the case of a child which at birth weighed nineteen pounds, and claimed that it was the largest ever born alive. DR. Howard now reports the birth of a male weighed nineteen and a half pounds. The mother was forty-four years of age, and had had ten children formerly.

GOOD LAW.—Drunkards in Illinois are likely to have a hard time. The new law classes them with insane persons and idiots, and places them under the care of guardians and overseers of the poor; and when a man has been declared an habitual drunkard, he has no remedy from guardianship until a year has elapsed. Every State should have such a law, in order to restrain those who voluntarily put "an enemy in their mouths to steal away their brains.

SUBCUTANEOUS INJECTION OF MORPHIA.—It is certain that one of the most important aids to the physician in his professional labors is the employment of remedies subcutaneously. If this method were confined alone to one agent, morphia, it ought to confer immortality upon the discoverer. We have ourselves experienced the immense value of this form of employment of the alkaloids of opium, and cannot too fully express our thankfulness for its benefits.

If the instruments used are perfectly clean, and the solution free from extraneous bodies, we do not believe unpleasant results will ever occur when morphia is injected under the skin. In this form, the drug acts with much greater intensity and rapidity; the duration of its effects is prolonged; it is well tolerated by the stomach; does not produce cerebral disturbance; seldom constipates the bowels; in short, morphia hypo-

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dermically used becomes, so to speak, a new remedy, or an old one with its value a thousand times enhancod.

In case of insomnia, resulting from excited nervous action, its employment in this form affords the physician a ready and safe means of relieving his suffering patient. Acute pain, from bowel affections, rheumatism, etc., is almost instantly mitigated, and the patient put in condition to be favorably influenced by such other remedies as the case may require. In short, there is no form of disease in which morphia is better given by the mouth than placed under the skin.

The initial dose for an adult man is regarded to be from one-sixth to one-fourth grain; for a woman, it should be smaller,—from one-eighth to one-sixth. We prefer the acetate to any of the other salts of morphia; indeed, it is difficult to understand how the sulphate of morphia came to be more favorably regarded by physicians than the acetate. An organic acid, in combination with the alkaloid, certainly more exactly corresponds with its natural condition, as it exists in the dried juice of the poppy; and theoretically we ought to regard it with favor.—*Journal of Chemistry.*

BOOKS, PERIODICALS ETC.

Medical and Surgical Reporter, September.
Homœopathic Review, "
" World, "
" Observer, October.
" Journal of Materia Medica, October.
Philadelphia Journal of Medicine, "
Hahnemannian Monthly, "
Medical News and Library, "
" Investigator, September.
Mississippi Dental Journal, October.
Boston Journal of Chemistry, "
The Border Times, "
Third Annual Commencement of the St. Louis Dental College.
Medical Archives, October.
New England Medical Gazette, October.
Journal of Materia Medica, New Lebanon, October.
Bibliotheque Homœopathique, September.
St. Louis Medical and Surgical Journal, September.
Jahr's Clinical Guide.
Rivista Omiopatica Roma.

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THE

Western Homœopathic Observer.

DECEMBER, 1869.

Original Articles.

MEDICINE.

CHARACTERISTIC SYMPTOMS OF TANACETUM.

BY E. M. HALE, M. D., CHICAGO.

The following case is reported to me by Dr. C. E. Rushford, of Peru, Indiana. The symptoms are so peculiar that they are worthy of record: "A young woman took two tablespoonsful of Oil of Tansy for the purpose of causing a miscarriage. She was soon taken very ill, but did not call a physician for two weeks, when I saw her. When first attacked her condition, judging from the description of those who saw her, was very similar to a person in apoplexy. When I was called the acute symptoms had subsided, but she was in the following condition: The sclerotic coat of the eye was so congested that it had a dark purple, glassy appearance, and was so badly swollen that the cornea seemed to be depressed (chemosis.) The cornea was healthy. There was inflammation of the vaginal walls of the

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internal and external labia—which resulted in an enormous abscess in one labia. Notwithstanding the severe constitutional effects miscarriage was not produced." Two or more characteristic pathological states were caused by the Tanacetum. This medicine will doubtless prove useful in intense *sclerotitis*, in *vaginitis*, and perhaps phlegmonous swelling and suppuration of the labia. It is to be regretted that Dr. Rushford did not detail the case more fully. Doubtless many important symptoms were present which might have been made of value in elucidating the pathological effects of the poison.

For a pathogenesis of Tanacetum, containing all that has been collected up to this time, see *North American Journal of Homœopathy*.

CASES FROM PRACTICE.

BY E. B. POTTER, M. D., TERRE HAUTE, INDIANA.

Nov. 4, 1865.

Called to a son of Mr. S., and learned that about eight days before he had been taken with a light attack of bilous fever; that an Old School doctor had been called, had waited upon him and had abandoned him as incurable. I found him as follows: Gangrene of the mouth; portions of the inner cheek had sloughed off, and other parts were on the point of being cast off. The sound flesh was studded with yellowish watery pimples; on the outside of the cheek was a livid ring about the size of a silver dollar, corresponding to the worst portion on the inside, and looking like a line of demarcation between living and dead tissue—a horrible fetor came from the mouth; the throat was inflamed and swollen so that he could scarcely swallow; the eye balls were very red and the lids much tumefied. The abdomen was enormously distended, and so painful that he could scarcely bear the weight of light bed clothes. The sphincters of the anus were seemingly paralyzed, as a bloody, fetid water ran from him involuntarily. I prescribed *Polygonum Hyd*, 1st dec

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dil 6 drops, in a tea cup of water, a tea-spoonful very hour until four were taken, and then every two hours. Nov. 5—Little or no change, continue *Polygonum* every two hours, and a lotion of same, twenty drops, to a cup of water, with which to moisten the inside of cheek. Nov. 6—Better. The watery pimples have disappeared, the gangrene is not spreading, the fetor is not so great, abdomen less swollen, and less painful; bloody discharge less. Continue *Polygonum*. Nov. 7.—All the dead flesh has sloughed off from the inside of the cheek, and the bloody discharge has ceased. Continue *Polygonum*. Nov. 8—New granulations are shooting out giving promise of restoration of lost surface; abdomen much less sore. Continue *Polygonum* every four hours. Nov. 9—Quite comfortable; Continue *Polygonum*. Nov. 11—The ring on the outside of the cheek has disappeared—inside looks smooth and healthy, had a natural action of the bowels yesterday; discharged cured. Four years have now passed, and I have seen the boy almost daily, and the cure has proved complete.

This case may not be considered identical with Noma, it being undoubtedly a case of *mercurial poisoning*, but as the similarity is so great, might not Polygonum prove curative in Noma also?

Case II.—I was called during the winter of 1862 to visit Master J, aged seven years. The messenger told me while at my office, that his brother had been attended by two of our most prominent Old School physicians for the last forty-eight hours, and at two P. M. they had informed the family that the patient could not survive longer than midnight, assigning as the cause, *Membranous Croup*. Suppressing a feeling of indignation at being called at that late hour, I concluded to go. I found the child lying on a lounge, with *Opisthotenos*, the head and heels almost meeting. Every inspiration was a perfect whistle, and in short, presented all the appearance of impending death by suffocation. His former physicians had plied him with powerful emetics, so long as he could swallow, and when deglutition was impossible he was given over to die. I could not ascertain of what the emetics were composed, but every time they acted

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violent spasms were induced. I was told that the spasms had lasted forty hours. My diagnosis was severe *Tonsillitis*, aggravated by the emetics; gave *Ipecac*, 3d, *Bryonia*, 3d; 6 drops of each in a separate glass, to be given every ten minutes in alternation for one hour. At the end of this time he could lie at full length, and in fifteen minutes more he was asleep. I remained with him until 5 o'clock the next morning, giving his medicine for four hours, every half hour, and subsequently every hour. I returned at 8 A. M. It was then sufficiently light to make an examination of his throat, and I found that my last night's diagnosis was correct. The tonsils and adjacent parts were very much inflamed and swollen. I could not then, nor did I afterwards, see any sign of croupous exudation. It was plain that the effort to vomit had greatly increased the swelling of the tonsils, and for the time being effectually arrested his breath, and caused those spasms so painful to witness. I now gave *Arum Tri*, and *Phosphorus* every two hours in alternation, which was continued for two days. and then every four hours for three days more; the fifth day was his birth day, and he was very anxious to have a little party. I consented, and he was as lively and frolicsome as any of the children. The next day he was discharged, perfectly cured.

Case III.—December 1—Called to see the daughter of Mr. W. Could not get much satisfaction regarding her previous history, except that she had been attended some three weeks by a Homœopathic physician, and discharged as incurable with softening of the brain. I found her lying upon the bed with face very red, eyes fixed, frequent tossing of her left arm and legs, (this fact caused an examination of the right arm, which was found to be dislocated at the shoulder, and was at once attended to). She was entirely unconscious of what was going on around her, and was constantly uttering a shrill cry, so peculiar that I at once diagnosed *Meningitis Basilaris*. Treatment— *Apis Mel*, 200, and *Glonoine*, 2d; three pellets every two hours, in alternation. December 2.—No change. Continue *Apis* and *Glonoine*. December 3—Very little if any change; continued the same prescription, December 4—Some improve-

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ment, less of sharp crying, more quiet, slept about four hours the night before, and there were moments when she appeared conscious. Continue *Apis* and *Glonoine*. December 5—Decidedly better, recognized her father to-day and answered some questions correctly, has been very quiet most of the time. Continue *Apis* and *Glonoine* every four hours. This treatment was continued four days longer, at the end of which time she was discharged cured.

Surgery.

L. H. WILLARD, M. D., EDITOR.

CASE I.—INTRA CAPSULAR FRACTURE OF THE RIGHT FEMUR —SPRAINED ANKLE AND DISLOCATED SHOULDER, AND FRACTURE OF THE RADIUS AND ULNA OF THE LEFT ARM.—Mr. B., aged seventy-five years. Occupation, carpenter. While working on a scaffold about twenty feet from the ground, lost his his balance and fell, striking on his side, producing a fracture of the right femur, within the capsule; spraining very badly the ankle, and dislocating his right shoulder; breaking the left arm: (both bones,) and cutting the right elbow so as to expose the ligaments of the joint. Dr. Cooper was first to render assistance, and reduced the dislocation by manipulation. The patient was so old, and the injuries so severe, as to render his life very precarious. I could not treat the fractured femur by my favorite method of extension and counter-extension, as the ankle was too much swollen, and so painful that extension was utterly impossible. Therefore the fracture was placed in a double inclined plane. To the sprained ankle, cloths wrung out in dilute solution of arnica, were applied; the fractured arm placed in straight splints; the cut sewed up, and the injuries were in this manner made as comfortable as possible. For two weeks the patient's condition was very alarming. His strength was supported by wine-whey, egg nogg and beef tea, with other articles of light diet. His tongue for some time was dry and

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coated, but as the intense pain subsided, his health became better. During the night the muscles would jactitate as if a powerful battery had been applied. This trouble was quieted almost entirely by *Ign.* 6th, every hour. When the tongue was dry and furred, *Ars. Bell. Rhus. Opium*, all relieved when applied according to their relation to the case. The sufferings of this patient would be difficult to describe, but with a good constitution he was enabled to overcome his many injuries, and at the expiration of the fourth week, the splints upon the arm were removed and good union had taken place. The shoulder which had been dislocated, still remained very stiff, as is often the case when the dislocation is produced by a direct blow. Even now, (some six months since the accident,) the arm is stiff at the shoulder, and the under side seems paralyzed, owing to the shock or injury done to the axillary plexus at the time of the accident. Bathing and friction have given but partial relief to the trouble, which may continue as long as he lives. The femur, at the expiration of two months, had recovered from the injury. All irritation, pain, swelling, and inflammation had ceased, so that with the aid of crutches, he could walk a short distance. The foot is in a natural position, does not turn out as is often the case after accidents of this kind, owing to the contraction of the obturators. The heel is raised up by the shortening of the femur, but with the aid of a high heel, and thick sole to his boot, this defect is remedied. At this present writing, six months after the accident, he can walk with the aid of a cane.

Case II.—Bending of the Radius and Ulna.—It is very seldom that accidents of this kind occur. The force necessary to produce a bent bone hardly ever stops short of fracture, unless the patient is very young. I was called to see a patient of this kind some time ago, who, in playing with her brother, slipped and fell, and while falling stretched out her arm to save herself, and instead of producing a fracture, bent both radius and ulna, about three inches above the wrist in a direction towards the body. On first examining the patient, and before taking hold of the arm, I thought it was broken, but immediately found there was no crepitation, no mobility nor shorten-

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ing. With considerable force, and that carefully applied, the bones were brought to a straight position. Two wooden splints, (the under one with a pad over the point bent, and the other one with pads or compresses both above and below,) were applied firmly to the arm with a strong bandage; this being all the dressing required. In three weeks the splints were removed, the bones were straight, and small callosities were found at the seat of injury, indicating that repair had been accomplished.

Case III.—Polypus.—Some months ago was published in this *Journal* an account of a polypus removed from the nose by way of the posterior nares, its weight being about half an ounce. I thought at the time all portions of it had been removed; but a few days ago the same patient presented himself to me with the same trouble, and on examination I found another polypus which could be seen by opening the mouth. It was easily removed by the volsella, and forceps. On the second day after this, he came again, and this time another, larger than the last, and almost as large as the first, was seen in the posterior nares. This was also removed in the same manner, and weighed nearly half an ounce. I examined both posterior and anterior portions of the nose, and at present can see no more of these growths. Gave the patient *calc.* 30*th*, and dismissed him.

Case IV.—Ignatia in Surgical Injuries.—Every one who has treated fractures or lacerated wounds involving loss of substance, and injuries of the muscular or nervous system, has observed the tendency that the muscles have to twitch, or jactitate. In many cases this is a troublesome symptom, and often of sufficient violence to misplace dressings, and give the patient many uncomfortable hours, It is purely nervous, and manifests itself, not only in those of weak nerves, but also in those of the strongest constitutions. Happening to be treating a case of sprained wrist some two years ago, this nervous action of the muscles became a great annoyance,so much so indeed, that the patient thought there must be some displacement of the bones. I made a thorough examination and found there was none, but the patient was so distressed in mind about business, and so

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melancholy, in connection with this twitching that I was induced to give *Ign. 6th*, every hour until relieved. It produced a remarkable effect. The jactitation of the muscles was almost immediately relieved, and the case progressed rapidly to a favorable termination. Since then I have tried the same remedy often, and generally with the same good effects, not only in persons of a melancholy temperament, but in many robust men. Only a few evenings ago I prescribed it for a boy ten years old, who had the calf of his leg badly crushed by being run over by a street car. The twitchings were violent, and to such an extent as to misplace the loose dressings that were applied. After taking the second dose he went to sleep, the jactitation ceased, and he passed a good night. I can enumerate several cases to which this remedy has served to give comfort. The symptoms of the remedy as recorded are "convulsive twitchings of the upper and lower extremities, with violent pain, great restlessness, and fear," corresponding remarkably to the symptoms of those unfortunate persons who have met with serious accidents. W.

TRAUMATIC ANEURISMAL VARIX.

BY ALFRED E. REISS, M. D., VIENNA.

While at work, a stout blacksmith was injured by a spicula of iron, which found its way into into the lower part of the upper third of the right forearm, directly above the region of the radial artery. The man was unusually well developed in every respect, and his health, previous to the accident, did not bear an inverse proportion to his well developed frame. The patient immediately withdrew the *materia peccans*, which according to his statement was an inch in length, and over a quarter of an inch in width, several lines in thickness, and sharp at the point of entrance. After extraction of the foreign body the wound bled profusely, but the color of the blood was not uniform, being partly red and partly black, and partially a mixture of the two. Having formerly met with slight accidents

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the patient considered this a trivial wound that only required rest, therefore no professional aid was sought.

The wound, however, did not heal, but to make matters worse, the upper extremity became swollen both above and below the site of the accident. Hemorrhage took place upon every new dressing. Sometimes it was only of an oozing character, while at others it partook of a different nature. The color of the blood remained as previously stated. The condition became worse from hour to hour, and finally the family physician was called.

The anamnesis of the case was evidently not properly elicited, nor the examination conducted *secundum artem*, or the false diagnosis of a phlegmonous erysipelas, would not have been made to account for the symptoms of the case. No signs for the better set in; on the contrary, in spite of the most rigid observation of the commands of the physician, the condition of things grew worse. Sleepless nights, pain and fever induced the patient to seek aid at the hospital. At the time of his appearance at the hospital, two weeks had already elapsed since the occurrence of the accident.

Status præsens at this period:

For several nights past the patient was nearly wild with pain and could not sleep. The thumb, fingers, hand, forearm and arm were considerably swollen; with safety I may say that the circumference of the respective parts was almost double that of normal size. The integument was here and there discolored in consequence of congestion and different sized sugillations. The parts pitted on pressure, and there was very slight mobility of the joints attended with extreme pain. The lips of the wound were separated by partialy coagulated blood. So much for the superficial inspection.

Upon further examination there was found an arterio-venous hemorrhage and separation of the connective tissue of several muscles, consequent upon the burrowing of blood; in addition, the sub-cutaneous adipose tissue with the deep fasia was separted from the underlying muscular layer, from the same cause. This undermining process extended upward from the wound, to the bend of the elbow.

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It was evident, beyond all doubt, that a communication had been established between the arterial and venous circulation, brought about by injury of an artery and at least one vein. Later it was found that both venæ comites of the radical artery, together with it, were injured, thereby causing a material interruption of the natural easy flow of the opposing currents and also a mixture of the two, which condition explains all the symptoms of the case.

The radial arterial current, meeting with but little resistance at the point of injury, found, in a degree, its way out of the canal assigned it by nature. Now, corresponding to the same points at which the artery met with the injury, both veins met with a similar accident. Part of the arterial current could now flow into each of the veins, as their respective currents were not as powerful as that of the artery. Another part of the blood found its way into the cellular tissue and produced the condition already referred to.

The consequence of the meeting of the two opposing currents, flowing in differently formed canals, was such as to cause the weaker to be the first to suffer. These were the veins. They were subjected to a greater pressure than normal, which produced the varicose condition, the greater part of which, of course, began just at the distal side of the injury.

The causes that induced the increased pressure upon the coats of the veins, were two:

One was, the resistance which the stronger arterial current offered the venous streams, by the coming together of the two, thereby producing a retardation in the venous currents, and, as a result an overfilling of the veins, which action was kept up at their distal extremities by the arterial capillaries, which in the earlier part of the pathological process sent more blood into the veins than they could discharge.

The other was: that part of the stronger current actually entered the veins at the traumatic opening thereof. No wonder they became varicose! The greatest varicosity in the early part of the diseased action began where the greatest abnormal power was exerted. This was at the distal side of the wounds in the veins. The varicose condition was also commu-

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nicated to the veins anastomosing with those injured. Finally, this condition was further communicated to the smallest venous capillaries, which in turn, at an advanced stage of the perverted process, offered a resistance to the arterial capillaries in emptying themselves freely.

You would ask, how is it possible for the varicose condition beginning at any given cardiac point, to extend all the way back toward the distal extremity of the veins (when this varicosity is produced by the reception on the part of the vein, of a quantity of blood from an abnormal source and from an abnormal direction) *as the veins have valves* which prevent this? Certainly, for a time this condition may be prevented, viz: until the first valve is reached.

But, however, if the source of the trouble still continues then a pathological diameter of the vein will be formed, which will soon be greater than normal, and so soon as the pathological diameter becomes greater, than the normal diameter, the valves areunable to prevent the flow backward, and thus results the consequent varicosity.

Therefore, in spite of the valves of veins, a quantity of blood from an abnormal source and from an abnormal direction mechanically produces varicosity at any given cardiac point, which condition extends to the most distal extremity of the veins, other things being equal.

From the above it will be seen that whole circulatory apparatus of the extremity in question was under an abnormally high pressure, which was all the time increasing as the brachial artery continued to carry blood into the extremity.

It could not be otherwise than that the bloody serum found its way into the areolar tissue, thus producing the œdema, which was so considerable. Rupture of some of the smaller vessels had also taken place, as was to be seen from the discolored integument. Without surgical interference these conditions would have been carried further and death most probably would have resulted.

The wound was enlarged to get fairly at the injured vessels With this act also the undermined bridge of adipose tissue was

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severed, and the "sac," if it may be so termed, was cleansed of blood. the artery was ligatured above and below.

Ligatures were also placed around the *venæ comites*, at the distal side of the injury; for had this not been done, some of the ulnar blood would eventually have found its way into the vein, beyond the injury, then would have passed toward the cardiac direction, to flow out of the traumatic openings of the veins.

Had the patient been weak and debilitated, it would have been almost unconditionally necessary not to interfere with the veins. Under these circumstances, to choose the best of evils, it would have become necessary to ligate the brachial, as in this event no hemorrhage could in future take place at the point of injury, by the time collateral circulation was established.

The good constitution and regard for the business of the patient led to the adoption of the former method, as it is always of importance to save an artery the size of the ulnar.

The wound was now treated as a simple trauma.

In the evening of the day when operated upon, the temperature was 33.5 degrees R. Otherwise the patient was doing well.

First day after the operation: Temperature 37.5 degrees R. The patient was doing wonderfully well. Overnight the œdema had so fast been disappearing that in the morning the extremity had almost regained its normal circumference. This great change was almost incredible. This is truly the case, however incredible it may seem. Another instance, showing how a healthy constitution will quickly rally, when a disease producing an exciting cause is removed in time. In due time the integument regained its normal color and the swelling disappeared.

The wound of course healed by second intention.

A dressing of weak acid. carbol. was applied simply as a disinfectant.

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SURGICAL NOTES.

BY WM. TOD HELMUTH, M. D.

An elegant and rather expensive work on the "SURGICAL TREATMENT OF THE DISEASES OF INFANCY AND CHILDHOOD," by T. Holmes, M. A. Cantab. has been issued by Messrs Lindsay & Blackiston, of Philadelphia.

The book contains 687 pages, and its author is the same who edited the complete "System of Surgery," with which all are familiar. It is divided into three parts, and contains 33 chapters. The first division is devoted to Malformations; among which are noticed the congenital excesses; as joined twins, attached fœtus, etc., with other congenital deformities. The second is devoted to the consideration of Injuries, and the third to the Morbid Diathesis of Children. The work is well arranged and is worthy of careful study.

The same publishers have issued a Brochure, by PROF. ARLT of the University of Vienna, on the treatment of Lachrymal Affections, and is devoted in the main to the consideration of the best method of removing obstructions from the lachrymal canal. It is proposed to enter the slit lower canaliculus, and that the greatest delicacy of touch be observed in the manipulation. The patient is never troubled more than once a day and not more than five minutes at a time. This essay is a 12mo, and contains 30 pages.

A new edition of "ERICHSEN'S SCIENCE AND ART OF SURGERY," is also published, edited by John Ashurst, jr., M. D. It is illustrated by six hundred and thirty-five engravings on wood, and contains no less than 1228 pages. It contains much new and valuable matter in the two hundred and thirty-two pages which have been added to the old edition, and embraces two hundred and eighteen additional wood cuts. It is an excellent work and well deserves the popularity it has already acquired. Yet for all, it is not a favorite author with us; the larger book

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of Gross and the smaller work of Druitt appear to us as better adapted to the use of both student and practitioner, because in the former the experience of the author is so frequently introduced in a readable and modest manner, and because in the latter its conciseness for reference and accuracy of detail are often so convenient to the every-day practitioner. Erichsen's Surgery, however, is an excellent standard text book, and is preferred to all others, by many, having large experience in surgery.

APPLETON & Co., of New York, have reprinted from the *New York Medical Journal* a work on "*External Perineal Urethrotomy*," by J. W. GOULEY, M. D., Professor of Clinical Surgery in the University of New York. This book is one of great interest, and treats of the division of the urethra from without inward. He publishes twenty-five cases, and operates as Mr. Syme and, Professor Van Buren, but differs in opinion from many surgeons in regard to the retention of the catheter in the bladder after the operation. There can be no doubt that the presence of the instrument is not only useless, but actually productive of harm in these cases. He introduces on the second day "a full-sized, highly polished, conical steel sound of the proper curve," and repeats it every third day until the patient is cured.

The directions for conducting the operation are explicit, and can not be too carefully observed in the performance of "one of the most difficult operations in surgery," as Erichsen remarks of Perineal Urethrotomy.

"CARBOLIC ACID: *Its Action and Uses*," is the title of a paper read before the Newark Medical Association, in May, 1869, by C. F. J. Lehlbach, M. D.

This is a good essay on the allopathic uses of carbolic acid, which is a substance possessed of great antiseptic powers, and will, when the furor regarding its use has passed away, find its proper place in the Materia Medica. It serves well, certainly, for dressings for wounds, particularly in those wherein there is great suppuration, and in dissecting wounds, if soon applied,

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will no doubt be serviceable. By referring to the pamphlet on its use, lately published by our school, its real sphere of action will be much more clearly demonstrted.

THE TREATMENT OF CARBUNCLE.—It is usually laid down in the text books, that free incisions into the inflamed surface is the proper and appropriate treatment. For some years, however, indeed ever since we have had mental fortitude enough to lay aside the routine practice of the schools and think for ourselves, we have had our doubts with reference to these free incisions, and when we carefully review the cases we have seen treated by others, as well as those that have come under our own observation, we have as yet to discover that *decided* benefit accrued from the "free incisions," to prevent spreading. We are, therefore, glad to observe that the celebrated Mr. Paget, of St. Bartholomews, is also averse to this method of treatment. In the "*Practitioner*," a recently issued periodical, he says:

"I have seen carbuncles spread in as large a proportion of cases after incisions as in cases that have never been incised at all. I have in my mind a striking case that occurred to me early in practice when I followed the routine, and a friend of mine divided the carbuncle most freely. I cut it after the most approved fashion in depth and length and width, and then it spread. After two or three days more all the newly-formed part was cut as freely as the first, and then it spread again, and again it was cut as freely. Then it spread again, and was not cut. Then in a natural time it ceased to spread, and all went on well. * * On a very strong general impression, however, I say that carbuncles will spread after cutting in as large a proportion of cases as they will spread in without cutting." In reference to the supposed relief of pain by incision, and the alleged acceleration of the healing powers by this operation, Mr. Paget expresses grave doubts: indeed, in regard to the latter, he distinctly states that the "healing without incisions is very cleanly, and certainly a great deal the quicker."

In every particular we believe Mr. Paget is correct, and to Homœopathists who know there are medicines for the constitu-

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tional treatment of the disease, we would say, avoid the use of incisions, unless there be a large slough to be removed. Dress the sore with a hot solution of calendula, several times daily, covering the compress with a piece of oiled silk, and rely on *internal* rather than *external* medication, and the cases will proceed with much greater celerity to a successful termination than if the cutting and slashing practice be resorted to, with all manner of poultices, cataplasms, and ointments. Remove the sloughs as they are formed, with delicate forceps, and keep the parts clean; bathing them frequently with tepid water. Allow the patient a good but, unstimulating diet, and the results will be satisfactory.

TRANSLATED ARTICLES.

Selected from Foreign Periodicals and translated expressly for the WESTERN HOMŒPATHIC OBSERVER.

Morbus Brightii—Apis mel. Three Cases referred by Dr. Lorbacher of Leipzig. Allg. Hom. Zeitung Bal. 78, *S.* 87 *and* 88.

Clara M., aged four and a half years. had formerly an impetigo on the face—but with no special indications of scrofula—was taken sick early in October, without any perceptible cause; probably she had taken cold from sitting on the cold ground. She complained, first, of pain in the abdomen, which was soon followed by vomiting of mucus, and occasionally also of food without however, losing her appetite. The attending physician diagnosed catarrh of the stomach, and insisted upon it, notwithstanding the secretion of urine was diminishing, and an œdema of the skin appeared. The rapid increase of the œdema induced the parents to apply to a physician for advice. On examination the otherwise well developed child, was found to be anæmic, the œdema extending over the whole body. She had quite violent pain in the abdomen, returning at intervals of long or of short duration; the pain passed from the abdomen along the urethra, appeared suddenly and left her after a time. There was vomiting of mucus, and at times of food, generally soon after eating. The vomiting did not have any connection with the pain. The tongue and taste were natural, the appetite

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good, stool quite normal. secretion of urine diminished, but with bloody deposit. Physical examination discovered that the region of the kidneys was painful, and in consequence of the œdema there was quite a prominence in the left kidney region, with dullness on percussion. The chemical examination showed albumen in abundance, and the microscope revealed corpuscles in large quantity, besides other constituents generally present in this disease.

Morbus Brightii was at once the diagnosis, and *Apis* 4, two drops every four hours, was ordered, besides hot baths and a nutritious diet. Five days after, the Doctor received a message saying that the secretion of urine had considerably increased, and that the pain and urinating were less frequent. The urine, which was brought by the messenger was clearer, and examination denoted a decrease in the albumen and blood corpuscles. The report received eight days later, was even more favorable; the pain and vomiting had nearly disappeared; the volume of the body had greatly decreased; albumen and blood corpuscles were insignificant. *Apis* was continued at longer intervals for, from five to six weeks, and the disease was completely annihilated. When examined no trace of albumen in the urine was found; the swelling and tenderness in the region of the left kidney had entirely disappeared, and the child improved rapidly and soon acquired its former cheerfulness.

II. Anna K., three and a half years old, a blooming and cheerful child, has disposition to catarrh, but otherwise apparently healthy—had lately whooping cough, though very slight, One evening the child fell, during her play, from the sofa; striking her head against the leg of a table, and probably also bruising her back. A few days after this, while the slight wound of the forehead was suppurating, Dr. Lorbacher was called. He attended to the wound and continued the remedy for the cough as before. Although the wound was of little consequence, yet the child lost its former cheerfulness and appetite, grew pale, complained at times of a little headache. About two weeks following the slight injury, there was noticed for the first time, swelling of the face, especially of the forehead and around the

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eyes, which was attributed to the suppuration of the wound. A few days after, the swelling reappeared. and the child felt better. But the improvement did not continue; the swelling was noticed again, and was much more sensitive than at first. Dr. Lorbacher then devoted his attention to the urine; his diagnosis (*Morbus Brightii*,) was confirmed, the urine containing quite a quantity of albumen, and was also bloody, but not to such an extent as in the previous case. *Apis* 4 was prescribed, and a nutritious diet. On the third day of taking the medicine, the color of the urine was less bloody, and continued to be less from day to day. The chemical examination, made every four days, showed a steady decrease of albumen, and after fourteen, days there was not a trace of it to be observed. By degrees all other symptoms of the disease disappeared.

III. A boy aged 5 years, quite patient and for his age quite large; complained for some time of pain in the abdomen and feet; there was loss of appetite, paleness and languor. His parents thought he had worms. Chills soon appeared, accompanied with inclination to sleep, and œdema of the face to such a degree that the parents became alarmed, and carried the boy in an open wagon in cold weather to Dr. Lorbacher. An examination of the urine was made immediately, and the case decided at once. Albumen was discovered, but not in large quantity, *Apis* was given, and it acted most satisfactorily, and in less than three weeks the boy was entirely well.

Observations in the Treatment of Valvular Affections of the Heart. Prof. Gerhard Deutsches Archifur, Klin. Nat., 1868, 2, relates his experience with Natrum bicarbonicum in Endocarditis, &c.—The professor ordered inhalations, twice to four times daily about fifteen minutes each, being of a solution containing from 1-2 to 1 1-2 dram of the *nat bicarbonicum*. He cites fifteen cases seven of which were of long standing. One of these cases was not improved at all, but the course of the disease was rapid and, terminated in death. In another case there was repeatedly improvement observed, but the fatal result could not be prevented. It may, however, be considered a gain to the patient, since he

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during a treatment of two years and a half, frequently was relieved from œdema and dyspnœa, and was able to leave the hospital for months at a time to work. All the other cases left the hospital in an improved condition, without any perceptible change in the valvular affection. The cure of a man, aged sixty-five years, was especially very favorable. He had, after an attack of acute arthritis, insufficiency of the mitral valve for several years, and for some weeks there was an œdema of the lower half of the body; orthopnœa, which compeled him to remain through the night time in his easy chair; he also suffered much from bronchitis. Digitalis rendered him easy, but did not effect any improvement. After the inhalation of nat. bic., he found relief from his orthopnœa in a very short lime, and the œdema subsided also, in consequence of a profuse discharge the following week, and he was able to be out and attend to his work. Such cases, complicated with severe bronchitis, in the opinion of the author, show the most favorable results of this treatment. But more favorable yet, were the results in the eight cases of new (acute?) endocarditis, treated by inhalation of *nat. bic.* Three cases were cured, three improved, and in the two other cases the mitral affection was much lessened, so that a comparatively good state of health was gained in from three to four and a half weeks.

The results with *nat. bic.* were so favorable that the author made but few experiments with other remedies in the form of inhalation. (*Mtsblt. Allg. Hom. Ztg*, April, 1869.)

Correspondence.

A CASE OF DYSTOCIA.

NEW ORLEANS, Ocotber 28, 1869.

Wm. Tod Helmuth, M. D., Dear Sir: Until I can send you some article more worthy of your OBSERVER, I address you this paper, written *currente calamo*. So excuse.

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Madame Boissière, living 171 Hospital street, ætat about forty years, is *enciente* of her seventh child. She has been in labor the whole night previous, (Aug. 21, 1869). The midwife, not seeing things all right, advised sending for a physician; I am called in.

The touch *per vaginam* shows, first one foot outside the womb, then the whole inferior limb stretched and strangulated at its upper portion, by the neck of the womb *perfectly closed and hardened.* Unluckily a portion of the cord is protruding and is also strangulated. The position of the fœtus is at once determined by the protruding portion; the calcaneum is anterior, and the small toe or external edge of the foot is against the right thigh of the mother. Consequently, it is the left foot, and the occiput corresponds to the left cotyloid cavity. Auscultation of the abdomen of the mother, reveals the death of the child; no heart pulsations. The patient is worn out; all contractions have ceased. I resolve to dilate the os, and continue what nature had begun but not completed.

The right hand is introduced up to the neck of the womb, and one finger passed, then two, and so on, until the whole five dilate gradually around the thigh enough to allow the passage of the fœtal pelvis. This rather exhausting exercise takes no less than one hour and a-half to be completed. Then I use my right index, like a hook inserted in the fold formed by the right leg bent against the abdomen, and I make moderate tractions, equivalent to those made by my left hand upon the left foot. The breech presents itself, passes through the neck, and the fœtus comes down. I bring the arms out by sweeping them around over the face, the right one, which is posterior, first; then the left one. Rotation having taken place in a similar manner as in head presentation, (the occiput being under the pubis), I complete the extension with my medius and index fingers placed upon the the fossa canina, and exit of the fœtus results.

Remarks.—This case is a curious one, especially the contraction of the neck upon the thigh, with atony of the body of the womb. The child is born partially in the breech and partially in feet presentation, which both can terminate naturally. Were

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the mother more vigorous and the uterus less torpid, everything would have taken place naturally, as it did with the interference of the hand. Fearing that a long manipulation after such a complete exhaustion, would create some traumatism and fever, I gave her alternately *Acon. Nap.* 6th and *Arnica mont.* 6th, dissolved in water and taken hourly, which produced the desired result.

This preventative result of our homœopathic medicines is a proven fact to me in surgical cases. After versions; the use of forceps, even in the most refractory cases; after bleeding operations; extirpation of tumors; small amputations, fractures, etc., I have never had to deplore accidents from traumatism while using our *Acon.* and *Arnica.*

Yours,

A. D.

Western Homœopathic Observer.

ST. LOUIS, MO., DECEMBER, 1869.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Readers of the OBSERVER, will oblige the Editor if they will forward copies of local newspapers, or similar matters of importance to the profession, all such will be thankfully acknowledged.

☞ Physicians having changed their locations, or desiring to remove from one portion of the country to another, will please communicate with the Editor, that he may note the same. Records of marriages, and deaths of physicians, and other personal news will also be received and noticed.

☞ All exchanges, books and pamphlets must be addressed to the Editor, No. 1418 Washington Avenue.

Editorial.

VALEDICTORY.

"The hour is almost come."—HAMLET.

Ere long the iron tongue of midnight will have tolled the last hour of the year; the last grain of sand will have fallen from the hour glass; eighteen hundred and sixty-nine, with its pains and pleasures, hopes, joys and fears, will be recorded among the items of the past; the New Year with its unknown future will be before us. We cannot refrain, as we are urged for-

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ward by another revolution of the wheel of time, from looking back over the past, and recalling the memories—for they can only be *memories* now—of what has been. The social relations; the political changes; the religious struggles; the discoveries in science; the facts in physics which the Old Year has revealed to us, when fully considered and represented will fill volumes for present and future generations. But in our own narrow circle, what can we write of improvemeut in the science of Homœopathy? We have every reason to feel grateful with the march of medicine. By degrees, but with certainty, "the drift" of medical science is toward Homœopathy. No one can read Mr. Alfred C. Pope's recent address before the British Homœopathic Society, without being forcibly persuaded of the fact. Mr. Pope has grasped his subject with a comprehensiveness that brings his deductions home to the mind, and his paper will be one which will do credit to the year of its publication.

From our foreign exchanges we see Homœopathy everywhere on the increase. Through Germany, Italy, France and Russia, India and the Eastern Isles, as well as in the United States.

> "By East and West and North and South,
> On every sea and every shore"—

The banner flies triumphant.

The great feature for us in America for the current year was the *official recognition* by the city of Boston of the *American Institute of Homœopathy.* The magnificent banquet there given, and the presence of the dignitaries of the great city, was, and forever will be, an epoch in the history of our cause in the United States. Too much praise cannot be bestowed upon those men who brought about for us so glorious a result.

The great volumes of proceedings of the New York State Homœopathic Medical Society, printed by the State *Government*, is another token not only of the spirit which is moving the waters, but of the important phase which Homœopathy is occupying in the eyes of our legislative bodies.

The transactions of our National Institute do honor to the cause and the profession, are referred to by the best foreign

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periodicals, are full of varied and useful knowledge, and are almost a faithful and fair chronicle of the times.

And what have we done in surgery? Where throughout the world are the operations that may compete with the extraordinary one of Prof. Beebe, of Chicago? Where are the surgeons "on the other side," who can bring forward more daring and successful operative proceedings? Examine the periodical literature of our school a decade since, and the surgical details are so meagre, so very few and so very far between, that they amount to nothing. Look into our journals of to-day, and the strides which this important branch has taken will be apparent and surprising. In Medicine, the books that have been issued are numerous, from the monogram to complete treatises. Jahr's Forty Years Practice, Behr's Therapeutics, in two volumes, The Clinical Guide, the works of Burt, Hugh's, Bell, Berjeau, Breifogle, and others indicate great progress. But, for all this, we have had our struggles and our quarrels, which, after all, will in the end, give an impetus to the cause. The storm began in the City of Brotherly Love. In Gotham the medical faculty have been in a whirl; the college has in a measure changed hands, and at present there appears to be a lull in the tempest. In Philadelphia the storm has swept by, knocking two Institutions into one, whose proportions are to-day, vast, promising, and in every way creditable. In Chicago the northern portion of the whirlwind has twisted up and bent down and blown around the Fraternity, but from present appearances its fury has abated. In good old St. Louis we have had a tremendous burst of fury. Wind N. N. E.; rain, thunder, lightning and hail. But, a little streak of blue and gold gilds the western sky. The black cloud shows a rim of its silver lining, and the barometer, though yet under heavy pressure, goes steadily up.

Storms move in circles, and cannot last forever. They form, perhaps the topics of a day's conversation. They are necesary to the preservation of the great and wonderful equilibrium of nature. They leave us to appreciate the beauties of serenity.

The journals, with but a few exceptions, are all alive and prosper, and are on a better footing to-day than they have ever

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been. Our own paper, the WESTERN HOMŒOPATHIC OBSERVER, enters its seventh year with the next issue. We wish its patrons the compliments of the season—a Merry Christmas and a Happy New Year.

Personal.

T. P. WILSON, M. D., of Cleveland, Ohio, has issued a circular stating his intention of making Ophthalmology a specialty. The Dr. has just returned from a visit to the Continent, whither he went chiefly for the study of diseases of the eye. We have no doubt, that he will be successful in his efforts.

G. D. BEEBE, M. D.—We learn from a Chicago paper that this distinguished surgeon has lately removed a tumor weighing forty pounds from the abdomen of a woman, and at last accounts she was said to be doing well.

DOCTOR RUDDOCK, of England, the well-known author, and editor of the *Homœopathic World*, paid a visit to St. Louis during the early part of October. He had visited the veteran Dr. Hempel, at Grand Rapids, and was making his way northward to Chicago. We were glad to see him, and to observe the energy and enterprise which he exhibits in our great cause.

DR. L. GRASMUCK, of Weston, Missouri, is doing good service to Homœopathy by his writings. He is now explaining to the people of his vicinity, the nature and effects of Homœopathy in a series of excellent articles contributed to the *Border Times* He has about vanquished his Allopathic opponent, and has come off with flying colors.

DR. W. H. BURT.—The Characteristic Materia Medica of this hard worker in materia medica is having and will have a large sale. It is by far the best of his writings, and we predict that it will be of more service to his reputation abroad than even *he* can imagine.

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Dr. Jas. S. Read, Professor of anatomy in the St. Louis College of Homœopathic Physicians and Surgeons, has arrived in the city from Pittsburgh, and has commenced his course of lectures, and opened an office for professional business. Dr. Read's lectures are well digested and very thorough.

Dr. T. G. Comstock.—We are glad to know that the St. Louis Obstetrical Forceps, invented by this gentleman, are having a ready sale. The demand is larger than the supply, and they are well spoken of by the most distinguished men in the profession. The instrument is now electro-plated, which adds greatly to its appearance, and prevents rust and blackening.

Dr. Rubicon, of Atchison, Kansas, paid us a visit for a few days. He visited the St. Louis College of Homœopathic Physicians and Surgeons and expressed himself highly pleased with its management.

Dr. R. P. Cole, of Chicago, was also in the city, being a delegate to the Baptist Sunday School Convention. The Doctor exhibited to us and the class of the St. Louis College (new) his improved combination for supporting the abdomen and uterus.

Dr. L. H. Willard, of Alleghany City, Pennsylvania, and Professsor of Orthopedic Surgery in the St. Louis College of Homœopathic Physicians and Surgeons, will be in St. Louis in a short time to commence his lectures. He is preparing a fine set of models and casts, wherewith to illustrate his course.

Dr. Geo. H. Patchin has also visited the "City of Mounds," and has some idea of locating in this vicinity.

Dr. G. W. Barnes passed through St. Louis, *en route* for California. The Doctor has resigned his professorship of Materia Medica.

Dr. Stacy Jones, of Philadelphia, accompanied by his brother, has been making an extended tour through the western country. After the lapse of a decade, we were especially glad to renew the friendship of classmates.

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THE ALBANY CITY DISPENSARY.

We have received the report of the above-named institution. Judging from the energy of those interested in its welfare, we predict for it a large field of usefulness.

The report exhibits very gratifying evidence of the ness and success of the institution. The cases treated at the Dispensary are classified as follows: Surgical, 559; diseases of the skin, 367; head, 96; face, 21; eyes, 178; ears, 27; throat, 81; lungs, 412; heart, 14; digestive organs, 307; liver, 24; kidneys, 84; bowels, 194; spine, 10; nervous system, 114; diseases of women, 223; diseases of children, 122; zymotic diseases, 610; number of visits made to patients at their residences, 1665; making a total of over 800 different cases of disease, and 5,296 prescriptions during the year ending September 30, 1869, more than twice the number prescribed for during the same time last year.

The cases treated embrace a variety of form and intensity, a part being merely trivial and of short duration, while many were of a serious nature and of long standing. Several important operations are reported among the surgical cases. The success in the treatment of both the acute and chronic cases, in many instances, has been very decided and prompt. The report affords the most convincing evidence of a necessity for the continuance of this charitable institution, and for augmenting its usefulness by increasing its facilities for the reception and treatment of the worthy poor of Albany.

S. H. CARROLL,
Late Resident Physician.

REPORT OF THE TREASURER.

The Treasurer of Albany City Dispensary Association respectfully presents the following account of receipts and expenditures during the fiscal year ending September 30, 1869:

RECEIPTS.

From Members of the Association	$ 645.00
From Comptroller of the State	500.00
From other sources	143.75
Total receipts	$1,288.75

EXPENDITURES.

Expenditures	$1,139.79
Cash on hand to balance	148.96
	$1,288.75

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General News.

G. H. MORRILL. M. D., ST. LOUIS, EDITOR.

WE take great pleasure in informing our friends that the Homœopathic students in this city now have the privilege of visiting the Sisters' Hospital and witnessing the operations. This, with the Hospital privileges they have previously enjoyed enables us to offer to students, facilities in this line equal to that of any other section of the country.

AN INQUEST was recently held upon a headless body found near some water in Arkansas. The jury, after due deliberation, returned a verdict of accidental drowning.

DEATH FROM CARELESSNESS.—A person has lately been poisoned in Baltimore, through the carelessness of a druggist who put up a prescription with aqua ammonia instead of aqua cinnamonium as ordered in the prescription.

ARGEMONI MEXICANA, a plant growing wild in Mexico upon the Antilles and in some parts of North America, furnishes a milky juice from which a substance reacting like morphia has been separated.

THE SEWING MACHINE, which has in one respect proved such a blessing to the ladies in facilitating their labors, has in turn proved a fruitful source of disease in many who have steadily used it. The continuous and fatiguing motion of the feet, while the operator is sitting in a cramped position, causes spinal irritation and serious menstrual difficulties.

FIVE CHILDREN AT ONE BIRTH.—M. Galopin reports a case of five living well-formed children at one accouchement. They all died soon after birth.

CHRONIC CATARRH.—Dr. L. Urlki recommends the use of aconite tinct. 5 minims every 4 hours.

POISONING BY CORROSIVE SUBLIMATE.—A mother and three children have been poisoned in London by partaking of a pudding made from corrosive sublimate, which the mother had mistaken for flour.

POISONING BY ARNICA.—A woman of thirty-three years of age, drank two glasses of infusion made from a handful of leaves. The most prominent symptoms were violent vomiting, severe headache, diarrhœa, "very similar to that of cholera," gastro-intestinal colic followed by collapse, cold extremities and great depression of the pulse. These symptoms continued for seven days.

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CHOLERA.—This fearful malady is still raging in Raipore, India. At Nursingpore also, the people are in a great state of alarm and excitement. The returns show that more than fifty per cent. of those attacked die. It is also quite prevalent in Persia, but is not as fatal in this section.

JAMES M. STOUT, of Zanesville, Ohio, has been fined forty dollars and costs for practising medicine without paying the special tax required by law.

SINGULAR ACCIDENT.—At Milwaukee, the other day, a little fellow expressed a wish to be weighed, to a rag pedler who was at his mother's house. To humor his whim, they tied a strip of the material about his waist, to form a fastening for the hook of the spring balance. While lifting him up, the girth gave way, and the hook penetrated the boy's jaw. The pedler, horrified at the result, hurried away, leaving his stock and balance, the latter immovably fixed in the child's jaw. A physician was immediately summoned, who, after much difficulty, succeeded in removing it. The child at last accounts was lying in a critical condition, and fears were entertained that lock-jaw would ensue.

RE-UNION OF THE HEAD AND NECK AFTER DECAPITATION.—From one of the French journals we learn a most wonderful story (?) viz: that Dr. Lorenzo y Carmo has successfully performed the above operation. Immediately after execution a compression was effected by a pupil of Dr. Lorenzo, on the carotid arteries of the head so as to stop the hemorrhage The body was then placed on a bed already prepared, and Dr. Lorenzo stuck the head as exactly as possible on the section and kept it in that position. The coils of a powerful electric pile were applied to the base of the neck and on the breast. Under this influence, as in former experiments, the respiratory movements were at once perceptible. As the blood which penetrated in abundance through the surface of the scar threatened to stop the passage of air, Dr. Lorenzo had recourse to tracheotomy. Respiration then ensued regularly. The head was fastened to the body by stitches and by a special apparatus. The physiologist wished to ascertain how long a time this appearance of life could thus be artificially maintained. His astonishment was great when he saw that at the end of two hours not only did respirations still continue under the influence of the electric current, but that circulation had even assumed a certain regularity. The pulse beat feebly but sensibly. The experiment was continued without intermission. At the end of sixty-two hours it was evident to the astonishment of every one that a process of cicatrization had commenced on the lips of the section. A little later, signs of life manifested themselves spontaneously in the head and limbs till then deprived of motion. Three days later, the respiratory movements reproduced themselves

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and electricity was suppressed. Dr. Lorenzo y Carmo and his assistant were stupefied, frightened at a result so unexpected, and at the power of an agent which, in their hands, had restored life to a body whose right to exist the law had forfeited.

The learned surgeon who had only in view a simple physiological experiment, employed his skill to continue this work, which science, aided against all expectation by nature, had so singularly commenced. He assisted the process of cicitrization, which progressed under the most favorable conditions. By means of an œsophagian probe, liquid nourishment was introduced into the stomach. At the end of about three months the cicatrization was complete, and motion, though still difficult, became more and more extended. At length, at the end of seven months and a half, he was able to rise and walk, feeling only a slight stiffness in the neck, and a feebleness in the limbs. *Verbum sap.*

Lead Poisoning.—The people of Dover, N. H., are complaining of the frequent cases of paralysis which of late have occurred among them. The medical faculty and the citizens are of the opinion that one great cause arises from the drinking of water which runs through lead pipe.

Milk in Dysentry, Etc.—The *Lancet* contains a letter from a resident of Bengal, giving some particulars as to the use of milk as a remedy for dysentery, for which it is there considered a specific. "A pint every four hours will check the most violent diarrhœa, incipient cholera, or dysentery. In fact so much is not usually given, as it causes constipation. Half a pint every meal, generally reduces gradually and pleasantly any ordinary diarrhœa. If you have a stomach-ache, without diarrhœa, a pint of hot milk generally cures it in ten minutes. It is perfectly soothing to the whole alimentary canal. It has never failed in curing me in six or eight hours, and I have tried it I should think fifty times." It appears from other correspondents that it is a question if the milk should be boiled, and allowed to become cool enough to swallow, or only be warmed.

In this country it is usual to add some wheat flour to the boiled milk. Of late both in Europe and here, cold milk is given with entire success in the treatment of diarrhœas.

Vaccination.—The question of vaccination is presenting itself to the English mind under the most formidable shape. It is argued against, on the one hand, because it is a lively source of disease—such as syphilis and other contagious disorders. It is defended because it overcomes the ravages of small-pox. But those who hold that it should be retained rather confuse the discussion by forgetting what is the real demand. It is asked, not that vaccination should be abandoned, but that it should

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be so regulated as to prevent syphilis, scrofulous and erysipelatos infections.

We certainly think that too great care cannot be exercised in the selection of matter to be used for the purpose of vaccination, and that it is only by want of proper care that any bad effects result.

A WONDERFUL CURE.—A French workman some time ago, in varnishing various metal pieces, scorched himself most dreadfully. In his agony, and without an instant's reflection, he thrust his injured hand into the pot containing the varnish, and immediately felt relieved, as if by enchantment. He repeated the operation for a day or two, and in a very short time his hand was perfectly cured. This discovery excited attention in his neighborhood; he treated many similar cases successfully, and in September, 1868, he was sent for to Metz, in order to cure the men injured by the explosion of the powder magazine. He is now in Paris, having been sent for to try his varnish on the patients in a hospital, and has succeeded so well that a sore that had been reserved for comparison, to be treated with nitrate of silver in the ordinary way, has been given up to him to be managed by the varnish treatment.

OUR colleague, L. Grasmuck, M. D., is giving us through the *Border Times*, a series of excellent articles upon the Preservation of Health. We trust that other members of the Profession will follow his example.

FROM THE COLUMNS OF THE *N. E. Medical Gazette* we learn the following concerning Dr. Fincke and his potency machine:

"The Patent Office draws out information which neither the professional integrity of the individual, the solicitations of the profession, nor the mandate of the American Institute of Homœopathy have been able to obtain. We have often been told how the stalwart Jenichen labored and toiled to carry a few drugs up to the 10,000th potency; now it is difficult to understand how a man, not half as large mentally or physically as the aforesaid Jenichen, and who claimed to be engaged in an extensive practice, and who at the same time could give us such a plethora of words that even the State of New York, which usually prints everything that offers, hesitated about finding space to publish such a vast attenuation of ideas, could, without even the turning of his hand, produce medicines of the 100,000th or 200,000th potency.

"The secret is out now: but the laws of the United States say that nobody shall be allowed to use it save the great Fincke. From the specification of the patent, your readers will see that the wonderful problem, like that of Columbus' egg, is quite simple when once solved. A glass tank is graduated to hold, say, 50,000 drams. This contains the vehicle, alcohol or water. From this the liquid is drawn by a siphon, which dis-

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charges it at the bottom of a vial holding, say, one dram. A drop of the medicine is put into the vial, and each time that one dram of the alcohol or water, whichever is used, has run into the vial, it is called one additional potency. When the whole 50,000 drams have run into the vial and 49,999 drams have run over the top of it, the dram remaining is of 'the 50,000th (Fincke) potency!' In this way, one could run the machine all night, and in the morning he would have a 50, a 100, or a 150,000th potency, all ready to be furnished to physicians at Dr. Fincke's published rates, viz: '$1 for the first thousandth potency, and ten cents more for each additional thousand.' Thus, *Lachesis* 1,000, $1 per vial; *Lachesis*, 71,000, $8 per vial.' See 'List of Dr. B. Fincke's High Potencies.'

"There is no longer any doubt. Dr. Fincke has discovered an original and easy way of reaching the high potencies. I am reminded of another method, recommended by one of our allopathic friends, which I think would be quite as efficacious:

"'Take a little rum,
(The less you take the better),
Put it in the lakes,
Of Wenner and of Wetter.

Stir it well about,
(Mind you don't get groggy,)
Dip a little out,
Into Winnepiseogee, etc., etc.'"

"It only remains to be seen whether the profession will use medicines prepared in such a manner, and whether they will countenance a man who has behaved, in relation to his secret, so unprofessionally as has Dr. Fincke."

CURE FOR TAPE-WORM.—Dr. Lentel recommends the use of ether in the following manner: Two-thirds of an ounce of ether is given at one dose followed two hours afterward by an ounce of castor oil. The worm is usually discharged entire with the head intact.

TELLURIUM.—Dr. Bunsen, while experimenting on his own person, found that tellurium imparted such an offensive odor to the perspiration that he was compelled to absent himself from society on this account for nearly four weeks.

SMALL-POX has made its appearance and is quite fatal among the inhabitants of Providence, R. I.

Articles from Dr. T. S. Verdi, of Washington; Dr. G. W. Bowen, Fort Wayne; L. Grasmnck, Weston, Mo., have been received and are on file for publication. Correspondents will confer a favor by writing on ONE SIDE of the sheet.

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ORGANIZATION OF THE HOMŒOPATHIC MEDICAL SOCIETY OF CENTRAL ILLINOIS.

A convention composed of physicians, representing the central counties of the State, met at Strawn's Opera House, in Jacksonville, at 2 o'clock P. M., on the 12th of October, 1869, for the purpose of organizing this society.

Dr. W. D. Lemon, of Jacksonville, was chosen Chairman, and Dr. Routh, of Decatur, Secretary.

After prayer by Dr. Liscomb, of Winchester, a general discussion was entered into on the question of the organization of the Society.

Letters from twelve or fourteen physicians, expressing a warm interest in the Society, and regret for inability to attend, were read by the Secretary.

On motion of Dr. H. H. Shirley, of Whitehall, a permanent organization was made.

Dr. W. D. Lemon, of Jacksonville, was elected President; Dr. G. Y. Shirley, of Jacksonville, having declined the nomination because of ill-health; Dr. Willard, of Jacksonville, Corresponding Secretary; Dr. Shirley, of Whitehall, Treasurer; and Dr. Routh, of Decatur, Secretary.

On motion, the President appointed a committee of three to draft a constitution and by-laws, viz: Drs. N. Wright, of Beardstown; G. Y. Shirley, of Jacksonville, and Dowler, of Rushville.

On motion, at the suggestion of Prof. Helmuth, of St. Louis, a committee was appointed to select suitable persons, from among the prominent physicians of central Illinois, to read papers on the following subjects, at the next meeting: Materia Medica, Practice of Medicine, Surgery, Anatomy and Physiology. The committee appointed by the President, as chairman, was Dr. Shirley, of Jacksonville, and Dr. Willard, of the same place. Dr. Helmuth introduced a circular concerning the project of raising a monument to the memory of Dr. H. B. Gram, who introduced homœopathy into America.

On motion, the Society received the circular, and the Corresponding Secretary was directed to procure blanks to be distributed among the members for obtaining subscriptions.

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After quite a discussion on the question of admission to membership of Dr. Reed, of Jacksonville, it was decided to exclude him. He was charged with having ignored homœopathy, in order to obtain admittance to the Morgan County Medical Society (allopathic) of which society he is now a member.

On motion of Dr. Loelkes, of Belleville, it was determined to hold the next meeting at Decatur, on the third Tuesday in May 1870.

Drs. Routh, Aikman and Sibley were appointed the Committee of Arrangements.

Adjourned.

J. W. ROUTH, M. D.,
Secretary.

BOOKS AND PAMPHLETS RECEIVED.

American Journal of Materia Medica, October.
Homœopathic Review, October.
Hahnemannian Monthly; October.
British Journal of Homœopathy; October.
St. Louis Medical and Surgical Journal; October.
Medical News and Library; October.
Medical Investigator; October.
Medical Archives; October.
New England Medical Gazette; October.
United States Medical and Surgical Reporter; October.
Medical Investigator.
North American Journal of Homœopathy.
American Homœopathic Observer.
Border Times (2 numbers).
National Temperance Advocate.
Boston Journal of Chemistry.
Bibliothéque Homœpathique.
Missouri Dental Journal.
Chicago Medical Times.
Rivista Omiopatica Roma.
Philadelphia Evening Bulletin (3 numbers).
Morning Chronicle, Washington, D. C.
Inaugural Address at the Hahnemann Medical College, of Philadelphia, by L. Stephens, M. D.
Catalogue of Museum and Library of the Hahnemann Medical College, of Philadelphia.
Allgemeine Homœopathische Zeitung.
Lutzes Hahnemannia.

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